SAMPLE NATIONAL GPRA REPORT – CRS 2007 V.7.0

Cover Page

*** IHS 2007 National GPRA Clinical Performance Report ***
CRS 2007, Version 7.0
Date Report Run: Jan 24, 2007
Site where Run: DEMO INDIAN HOSPITAL
Report Generated by: USER,SAMPLE
Report Period: Jul 01, 2006 to Jun 30, 2007
Previous Year Period: Jul 01, 2005 to Jun 30, 2006
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Measures: GPRA Denominators and Numerators and Selected Other Clinical Denominators and Numerators

Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.28.59

Denominator Definitions used in this Report:

ACTIVE CLINICAL POPULATION:
1. Must reside in a community specified in the community taxonomy used for this report.
2. Must be alive on the last day of the Report period.
3. Indian/Alaska Natives Only - based on Classification of 01.
4. Must have 2 visits to medical clinics in the 3 years prior to the end of the Report period. At least one visit must include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's Health, 80 Urgent, 89 Evening. See User Manual for complete description of medical clinics.

USER POPULATION:
1. Definitions 1-3 above.
2. Must have been seen at least once in the 3 years prior to the end of the Report period, regardless of the clinic type.

See last page of this report for Performance Summary.
A delimited output file called SU70TNTLGPRA2003012407DEL has been placed in the public directory for your use in Excel or some other software package.
See your site manager to access this file.

Community Taxonomy Name: DEMO GPRA COMMUNITIES
The following communities are included in this report:

COMMUNITY #1	COMMUNITY #2	COMMUNITY #3
COMMUNITY #4	COMMUNITY #5	COMMUNITY #6

PLEASE NOTE: This is a sample National GPRA report which has been compiled from CRS 2007 (BPG version 7.0). Some manual formatting has been done to condense the report for printing purposes. Your report may not appear exactly the way this report does.

*** IHS 2007 National GPRA Clinical Performance Measure Report ***
DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2006 to Jun 30, 2007
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Diabetes Prevalence

Denominator(s):
All User Population users. Breakdown by gender and by age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64.

Numerator(s):
Anyone diagnosed with Diabetes at any time before the end of the Report period.
Anyone diagnosed with Diabetes during the Report Period.

Age is calculated at the beginning of the Report Period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in the V POV file.

During FY 2007, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

IHS Performance: FY 2006 - 11.0%, FY 2005 - 11.0%, FY 2004 - 10.0%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	2,370		2,300			2,332		
# w/ any DM DX	228	9.6	216	9.4	+0.2	196	8.4	+1.2
# w/ DM DX w/in past year	126	5.3	124	5.4	-0.1	99	4.2	+1.1
# Male User Pop	1,094		1,074			1,103		
# w/ any DM DX	94	8.6	88	8.2	+0.4	71	6.4	+2.2
# w/DM DX w/in past year	59	5.4	64	6.0	-0.6	47	4.3	+1.1

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Age Specific Diabetes Prevalence

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female User Pop	1,276		1,226			1,229		
# w/ any DM DX	134	10.5	128	10.4	+0.1	125	10.2	+0.3
# w/ DM DX w/in past year	67	5.3	60	4.9	+0.4	52	4.2	+1.0

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Age Specific Diabetes Prevalence

TOTAL USER POPULATION

Age Distribution

	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total # User Pop	704	219	243	344	289	272	161	138
# w/ DM DX ever	1	3	5	33	45	59	40	42
% w/ DM DX ever	0.1	1.4	2.1	9.6	15.6	21.7	24.8	30.4
# w/DM DX in past yr	0	2	0	9	26	39	25	25
% w/DM DX in past yr	0.0	0.9	0.0	2.6	9.0	14.3	15.5	18.1
PREVIOUS YEAR PERIOD								
Total # User Pop	703	223	234	334	276	241	154	135
# w/ DM DX ever	3	3	8	32	43	49	39	39
% w/ DM DX ever	0.4	1.3	3.4	9.6	15.6	20.3	25.3	28.9
# w/DM DX in past yr	1	2	2	9	23	30	29	28
% w/DM DX in past yr	0.1	0.9	0.9	2.7	8.3	12.4	18.8	20.7
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	+0.0	-1.4	+0.0	-0.0	+1.4	-0.5	+1.5
w/DM DX in past yr	-0.1	+0.0	-0.9	-0.1	+0.7	+1.9	-3.3	-2.6
BASELINE REPORT PERIOD								
Total # User Pop	787	207	216	327	291	225	137	142
# w/ DM DX ever	2	4	12	21	38	46	29	44
% w/ DM DX ever	0.3	1.9	5.6	6.4	13.1	20.4	21.2	31.0
# w/DM DX in past yr	2	1	3	7	18	21	19	28
% w/DM DX in past yr	0.3	0.5	1.4	2.1	6.2	9.3	13.9	19.7
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.1	-0.6	-3.5	+3.2	+2.5	+1.2	+3.7	-0.6
w/DM DX in past yr	-0.3	+0.4	-1.4	+0.5	+2.8	+5.0	+1.7	-1.6

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Age Specific Diabetes Prevalence

MALE USER POPULATION

Age Distribution

	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total MALE User Pop	371	102	106	132	133	121	76	53
# w/ DM DX ever	0	2	1	7	19	28	22	15
% w/ DM DX ever	0.0	2.0	0.9	5.3	14.3	23.1	28.9	28.3
# w/DM DX in past yr	0	1	0	4	12	18	15	9
% w/DM DX in past yr	0.0	1.0	0.0	3.0	9.0	14.9	19.7	17.0
PREVIOUS YEAR PERIOD								
Total MALE User Pop	371	112	101	126	132	110	69	53
# w/ DM DX ever	1	2	2	7	18	24	21	13
% w/ DM DX ever	0.3	1.8	2.0	5.6	13.6	21.8	30.4	24.5
# w/DM DX in past yr	0	1	1	3	12	15	20	12
% w/DM DX in past yr	0.0	0.9	1.0	2.4	9.1	13.6	29.0	22.6
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	+0.2	-1.0	-0.3	+0.6	+1.3	-1.5	+3.8
w/DM DX in past yr	+0.0	+0.1	-1.0	+0.6	-0.1	+1.2	-9.2	-5.7
BASELINE REPORT PERIOD								
Total MALE User Pop	424	103	86	136	132	105	63	54
# w/ DM DX ever	1	1	3	6	14	21	15	10
% w/ DM DX ever	0.2	1.0	3.5	4.4	10.6	20.0	23.8	18.5
# w/DM DX in past yr	1	0	1	4	9	10	12	10
% w/DM DX in past yr	0.2	0.0	1.2	2.9	6.8	9.5	19.0	18.5
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.2	+1.0	-2.5	+0.9	+3.7	+3.1	+5.1	+9.8
w/DM DX in past yr	-0.2	+1.0	-1.2	+0.1	+2.2	+5.4	+0.7	-1.5

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Age Specific Diabetes Prevalence

FEMALE USER POPULATION

Age Distribution

	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total FEMALE User Pop	333	117	137	212	156	151	85	85
# w/ DM DX ever	1	1	4	26	26	31	18	27
% w/ DM DX ever	0.3	0.9	2.9	12.3	16.7	20.5	21.2	31.8
# w/DM DX in past yr	0	1	0	5	14	21	10	16
% w/DM DX in past yr	0.0	0.9	0.0	2.4	9.0	13.9	11.8	18.8
PREVIOUS YEAR PERIOD								
Total FEMALE User Pop	332	111	133	208	144	131	85	82
# w/ DM DX ever	2	1	6	25	25	25	18	26
% w/ DM DX ever	0.6	0.9	4.5	12.0	17.4	19.1	21.2	31.7
# w/DM DX in past yr	1	1	1	6	11	15	9	16
% w/DM DX in past yr	0.3	0.9	0.8	2.9	7.6	11.5	10.6	19.5
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.0	-1.6	+0.2	-0.7	+1.4	+0.0	+0.1
w/DM DX in past yr	-0.3	-0.0	-0.8	-0.5	+1.3	+2.5	+1.2	-0.7
BASELINE REPORT PERIOD								
Total FEMALE User Pop	363	104	130	191	159	120	74	88
# w/ DM DX ever	1	3	9	15	24	25	14	34
% w/ DM DX ever	0.3	2.9	6.9	7.9	15.1	20.8	18.9	38.6
# w/DM DX in past yr	1	1	2	3	9	11	7	18
% w/DM DX in past yr	0.3	1.0	1.5	1.6	5.7	9.2	9.5	20.5
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-2.0	-4.0	+4.4	+1.6	-0.3	+2.3	-6.9
w/DM DX in past yr	-0.3	-0.1	-1.5	+0.8	+3.3	+4.7	+2.3	-1.6

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Diabetes Comprehensive Care

Denominator(s):
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
Patients with diabetic foot exam during the Report Period, or a documented refusal of a diabetic foot exam.
Patients with comprehensive diabetes care (documented A1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam AND diabetic foot exam).

First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Diabetic foot exam defined as: 1) Exam Code 28 Diabetic Foot Exam, Complete; 2) non-DNKA visit with a podiatrist (provider codes 33, 84 or 25), 3) non-DNKA visit to Podiatry Clinic (clinic code 65), or 4) documented refusal of foot exam (Exam Code 28).

For the logic on the other assessments for this topic (e.g. LDL assessed), refer to the separate Diabetes topics.

Increase the proportion of diabetic patients who receive all appropriate assessments.

BP Assessed: IHS 2010 Goal: 95%
Foot Exam: HP 2010 Goal: 91%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	106		95			87		
# w/Diabetic Foot Exam or refusal	20	18.9	18	18.9	-0.1	16	18.4	+0.5
# w/ All	7	6.6	0	0.0	+6.6	0	0.0	+6.6

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Diabetes: Glycemic Control

Denominator(s):
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
Number of patients with a Hemoglobin A1c documented during the Report Period, regardless of result.
GPRA Numerator: Poor Control. Patients with A1c greater than (>) 9.5.
GPRA Numerator: Ideal Control. Patients with A1c less than (<) 7.

First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

Counts most recent A1c test during the Report Period. A1c defined as: CPT 83036; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX. Without result is defined as A1c documented but with no value.

Poor Glycemic Control: During FY 2007, decrease to 15% the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as A1c > 9.5).

Ideal Glycemic Control: During FY 2007, increase to 32% the proportion of patients with diagnosed diabetes with ideal glycemic control (defined as A1c < 7).

A1c documented: IHS Performance: FY 2006 - 79%, FY 2005 - 78.0%, FY 2004 - 77.0%, FY 2003 - 75%; HP 2010 Goal: 50%

Ideal Glycemic Control (<7): IHS Performance: FY 2006 - 31.0%, FY 2005 - 30.0%, FY 2004 - 27%, FY 2003 - 28%; IHS 2010 Goal: 40%

Poor Glycemic Control (>9.5): FY 2006 - 16.0%, FY 2005 - 15.0%, FY 2004 - 17.0%

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Diabetes: Glycemic Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	106		95			87		
# w/A1c done w/ or w/o result	73	68.9	70	73.7	-4.8	52	59.8	+9.1
# w/A1c > 9.5 (GPRA)	17	16.0	4	4.2	+11.8	11	12.6	+3.4
# w/A1c <7 (GPRA)	32	30.2	30	31.6	-1.4	22	25.3	+4.9

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Diabetes: Blood Pressure Control

Denominator(s):
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to Current Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
Patients with Blood Pressure documented during the Report Period.
GPRA Numerator: Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

During FY 2007, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2006 rate of 37%.

Controlled BP: IHS Performance: FY 2006 - 37.0%, FY 2005 - 37.0%, FY 2004 - 35.0%, FY 2003 - 37%; IHS 2010 Goal: 50%

BP Assessed: IHS Performance: FY 2005 - 89.0%, IHS 2010 Goal: 95%

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Diabetes: Blood Pressure Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	106		95			87		
# w/ BPs Documented	93	87.7	78	82.1	+5.6	74	85.1	+2.7
# w/Controlled BP < 130/80 (GPRA)	23	21.7	20	21.1	+0.6	13	14.9	+6.8

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Diabetes: Lipids Assessment

Denominator(s):
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
GPRA Numerator: Patients with LDL completed during the Report Period, regardless of result.
A: Patients with LDL results less than or equal to (<=) 100.

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

For Numerators 1 and 2, counts all Y instances reported, regardless of the results of the measurement. For each test, finds the last test done during the Report Period. Test Definitions: 1) Lipid Profile: CPT 80061; LOINC taxonomy; site-populated taxonomy DM AUDIT LIPID PROFILE TAX. 2) LDL: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. 3) HDL: CPT 83718; LOINC taxonomy; site-populated taxonomy DM AUDIT HDL TAX. 4) Triglyceride: 84478; LOINC taxonomy; site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX.

During FY 2007, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2006 rate of 60%.

Patients Assessed: IHS Performance: FY 2006 - 60.0%, FY 2005 - 53.0%, FY 2004 - 53.0%, FY 2003 - 47.5%; HP 2010 Goal: 70%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %

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Diabetes: Lipids Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	106		95			87		
# w/ LDL done (GPRA)	56	52.8	46	48.4	+4.4	23	26.4	+26.4
A. # w/LDL =<100	30	28.3	31	32.6	-4.3	9	10.3	+18.0

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Diabetes: Nephropathy Assessment

Denominator(s):
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
GPRA Numerator: Patients with nephropathy assessment, defined as an estimated GFR with result AND a quantitative urinary protein assessment during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

Nephropathy assessment definition:

(1) Estimated GFR with result during the Report Period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, AND

(2) Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: (A) CPT 82042, 82043, or 84156; (B) LOINC taxonomy; or (C) site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); OR

(3) End Stage Renal Disease diagnosis/treatment defined as: ANY diagnosis ever of 585.5, 585.6 or V45.1 or ANY CPT in the range of 90918-90925.

During FY 2007, establish the proportion of patients with diagnosed diabetes assessed for nephropathy, based on new, more stringent standard of care.

Assessment: IHS FY Performance: FY 2006 - 55.0%, FY 2005 - 47.0%, FY 2004 - 42.0%, FY 2003 - 37.5%; IHS 2010 Goal: 70%

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Diabetes: Nephropathy Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	106		95			87		
# w/ est GFR & quant UP assmt or w/ESRD (GPRA)	24	22.6	3	3.2	+19.5	3	3.4	+19.2

Diabetic Retinopathy

Denominator(s):
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
GPRA Numerator: Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam.

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

Qualified retinal evaluation* is defined as: (1) diabetic retinal exam or documented refusal or (2) other eye exam.

Diabetic Retinal Exam: Exam Code 03 Diabetic Eye Exam (dilated retinal examination provided by an optometrist or ophthalmologist) or Refusal Exam 03.

Other Eye Exam: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT 92002, 92004, 92012, 92014; POV V72.0.

*Qualifying retinal evaluation: The following methods are qualifying for this measure:
- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc.

During FY 2007, all sites should maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at the FY 2006 rate of 49%.

Eye Exam: IHS Performance: FY 2006 National Rate - 49.0%, Designated Site Rate - 52.0%, FY 2005 National Rate - 50.0%, Designated Site Rate - 50.0%, FY 2004 National Rate - 47.0%, Designated Site Rate - 55.0%, FY

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2003 - 49%; HP 2010 Goal: 76%

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Active Diabetic Pts (GPRA)	106		95			87		
# w/Retinal Evaluation or refusal (GPRA)	47	44.3	38	40.0	+4.3	44	50.6	-6.2

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

Access to Dental Services

Denominator(s):
GPRA Denominator: All patients in the User Population, broken down by age groups.

Numerator(s):
GPRA Numerator: Patients with documented dental visit during the Report period, including refusals in past year.
A: Patients with documented refusal.

For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190 or refusal of ADA code 0000 or 0190; VExam 30 or Refusal Exam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

During FY 2007, increase to 24% the proportion of patients that obtain access to dental services.

IHS Performance: FY 2006 - 23.0%, FY 2005 - 24.0%, FY 2004 - 24.0%, FY 2003 - 25%; IHS 2010 Goal: 40%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop (GPRA)	2,370		2,300			2,332		
# w/dental visit or refusal in past yr (GPRA)	231	9.7	199	8.7	+1.1	207	8.9	+0.9
A. # Refusals w/ % of Total Dental Visits	2	0.1	0	0.0	+0.1	0	0.0	+0.1

*** IHS 2007 National GPRA Clinical Performance Measure Report ***

DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2006 to Jun 30, 2007

Previous Year Period: Jul 01, 2005 to Jun 30, 2006

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Access to Dental Services (con't)

	TOTAL USER POPULATION Age Distribution							
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
CURRENT REPORT PERIOD								
Total # User Pop	342	238	343	587	289	272	249	50
# w/dental visit or refusal in past yr	21	27	29	67	31	30	25	1
% w/dental visit or refusal in past yr	6.1	11.3	8.5	11.4	10.7	11.0	10.0	2.0
# A. # Refusals w/ % of Total Visits	0	0	1	0	0	1	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.3	0.0	0.0	0.4	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # User Pop	347	236	343	568	276	241	240	49
# w/dental visit or refusal in past yr	19	22	30	52	24	24	24	4
% w/dental visit or refusal in past yr	5.5	9.3	8.7	9.2	8.7	10.0	10.0	8.2
# A. # Refusals w/ % of Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR % w/dental visit or refusal in past yr	+0.7	+2.0	-0.3	+2.3	+2.0	+1.1	+0.0	-6.2
A. # Refusals w/ % of Total Visits	+0.0	+0.0	+0.3	+0.0	+0.0	+0.4	+0.0	+0.0

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DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2006 to Jun 30, 2007

Previous Year Period: Jul 01, 2005 to Jun 30, 2006

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Access to Dental Services (con't)

	TOTAL USER POPULATION Age Distribution							
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
BASELINE REPORT PERIOD								
Total # User Pop	363	285	346	543	291	225	227	52
# w/dental visit or refusal in past yr	17	30	29	50	31	27	20	3
% w/dental visit or refusal in past yr	4.7	10.5	8.4	9.2	10.7	12.0	8.8	5.8
# A. # Refusals w/ % of Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR % w/dental visit or refusal in past yr	+1.5	+0.8	+0.1	+2.2	+0.1	-1.0	+1.2	-3.8
A. # Refusals w/ % of Total Visits	+0.0	+0.0	+0.3	+0.0	+0.0	+0.4	+0.0	+0.0

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DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2006 to Jun 30, 2007

Previous Year Period: Jul 01, 2005 to Jun 30, 2006

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Dental Sealants

Denominator(s):
No denominator. This measure is a total count only, not a percentage.

Numerator(s):
GPRA Numerator: For patients meeting the User Population definition, the total number of dental sealants and refusals during the Report Period.
Number of documented refusals.

Age of the patient is calculated at the beginning of the Report period.
Sealants defined as V Dental ADA code 1351 or refusal of ADA code 1351.
Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted.

During FY 2007, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2006 rate of 246,645 sealants.

IHS Performance: FY 2006 - 246,645, FY 2005 - 249,882 (now being reported from CRS), FY 2004 - 230,295 (reported from CRS 2004 report), FY 2004 - 287,158 (reported from NPIRS)

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants Documented or Refusal (GPRA)	44	61	-17	81	-37
# refusals	1	0	+1	0	+1

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DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2006 to Jun 30, 2007
Previous Year Period: Jul 01, 2005 to Jun 30, 2006
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Topical Fluoride

Denominator(s):
No denominator. This measure is a total count only, not a percentage.

Numerator(s):
GPRA Numerator: For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment or refusal during the Report Period.
A: Patients with documented refusal in past year.
For patients meeting the User Population definition, the total number of appropriate topical fluoride applications and refusals based on a maximum of four per patient per year.
A: Number of documented refusals during past year.

Topical fluoride application defined as: 1) V Dental ADA codes 1201, 1203, 1204, 1205; 2) V POV V07.31; or 3) Refusal of ADA code 1201, 1203, 1204, or 1205. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted.

During FY 2007, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2006 rate of 95,439 patients.

IHS Performance: FY 2006 # Patients - 95,439, FY 2005 - 85,318; FY 2005 # Applications - 113,324

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/at least 1 Topical Fluoride App or refusal (GPRA)	35	26	+9	15	+20
A. # Patients w/ Refusals	1	0	+1	0	+1
Total # of Topical Fluoride Applications/ Refusals	39	26	+13	15	+24
A. # Refusals	1	0	+1	0	+1

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DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2006 to Jun 30, 2007
Previous Year Period: Jul 01, 2005 to Jun 30, 2006
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Adult Immunizations: Influenza

Denominator(s):
GPRA Denominator. Active Clinical patients ages 65 and older.
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

Numerator(s):
GPRA Numerator: Patients with Influenza vaccine documented during the Report Period, including refusals in past year.
Documented patient refusals (REF) or not medically indicated (NMI)

Age of the patient is calculated at the beginning of the Report Period.
Influenza vaccine defined as: 1) Immunization (CVX) codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; 2) POV: V04.8 (old code), V04.81, or V06.6; 3) CPT: 90655-90660, 90724; 4) ICD Procedure code: 99.52; 5) Refusal Immunization 88, 111, 15, 16.

In FY 2007, increase to 59% the influenza vaccination levels among non-institutionalized adults aged 65 years and older.

>65 Vaccine Rate: IHS Performance: FY 2006 - 58.0%, FY 2005 - 59.0%, FY 2004 - 54.0%, FY 2003 - 51%; HP 2010 Goal: 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
B. Active Clinical Patients 65 and older (GPRA)	61		62			65		
Total # w/Flu vaccine documented (GPRA)	25	41.0	25	40.3	+0.7	15	23.1	+17.9
A. # Refusals w/ % of Total IZ	1	4.0	1	4.0	+0.0	0	0.0	+4.0

*** IHS 2007 National GPRA Clinical Performance Measure Report ***

DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2006 to Jun 30, 2007

Previous Year Period: Jul 01, 2005 to Jun 30, 2006

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Adult Immunizations: Influenza (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	106		95			87		
Total # w/Flu vaccine documented	43	40.6	44	46.3	-5.7	23	26.4	+14.1
A. # Refusals w/ % of Total IZ	1	2.3	1	2.3	+0.1	0	0.0	+2.3

*** IHS 2007 National GPRA Clinical Performance Measure Report ***
DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2006 to Jun 30, 2007
Previous Year Period: Jul 01, 2005 to Jun 30, 2006
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Adult Immunizations: Pneumovax

Denominator(s):
GPRA Denominator: All Active Clinical patients ages 65 or older.
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
GPRA Numerator: Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year. Documented patient refusals (REF) or not medically indicated (NMI).

Age of the patient is calculated at the beginning of the Report Period.
Pneumovax definitions: 1) Immunization (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6; V03.89, V03.82; 3) V Procedure: 99.55; 4) CPT: 90669, 90732; 5) Refusal Immunization 33, 100, 109.

In FY 2007, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 76%.

>65 Vaccine Rate: IHS Performance: FY 2006 - 74.0%, FY 2005 - 69.0%, FY 2004 - 69.0%, FY 2003 - 65%; HP 2010 Goal: 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 65 & older (GPRA)	61		62			65		
Total # w/Pneumovax documented (GPRA)	39	63.9	41	66.1	-2.2	37	56.9	+7.0
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2007 National GPRA Clinical Performance Measure Report ***

DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2006 to Jun 30, 2007

Previous Year Period: Jul 01, 2005 to Jun 30, 2006

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Adult Immunizations: Pneumovax (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	106		95			87		
Total # w/Pneumovax documented	52	49.1	51	53.7	-4.6	51	58.6	-9.6
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2006 to Jun 30, 2007
Previous Year Period: Jul 01, 2005 to Jun 30, 2006
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Childhood Immunizations

Denominator(s):
Active Clinical patients ages 19-35 months at end of Report period.
GPRA Denominator: User Population patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Numerator(s):
GPRA Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.
Patients who have received 4 doses of DTaP ever, including refusals, contraindications, and evidence of disease.
Patients who have received 3 doses of Polio ever, including refusals, contraindications, and evidence of disease.
Patients who have received 1 dose of MMR ever, including refusals, contraindications, and evidence of disease.
Patients who have received 3 doses of HiB ever, including refusals, contraindications, and evidence of disease.
Patients who have received 3 doses of Hepatitis B vaccine ever, including refusals, contraindications, and evidence of disease.

Age of the patient is calculated at the beginning of the Report period. Therefore the age range will be adjusted to 7-23 months. Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Active Immunization Package Patients denominator: Same as User Pop definition EXCEPT includes only patients flagged as active in the Immunization Package. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Pertussis.

- 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses.

- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.

- 3 doses of HIB

- 1 dose of Varicella

- 4 doses of Pneumococcal

Except for the Immunization Program Numerators, refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.

- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.

- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

- To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.

- To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.

- Refusal Definitions: Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: DTaP: 20, 50, 106, 107, 110, 120; DTP: 1, 22, 102; Tdap: 115; DT: 28; Td: 9, 113; Tetanus: 35, 112; Pertussis: 11: OPV: 2, 89; IPV: 10, 89, 110, 120; MMR: 3, 94: M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; HiB: 22, 46-49; 50, 51, 102, 120; Hepatitis B: 8, 42-45, 51, 102, 104, 110; Varicella: 21, 94; Pneumococcal: 33, 100, 109.

NOTE: In the definitions for all immunizations shown below, the Immunization Program Numerators will include only CVX and CPT codes.

- DTaP IZ definitions: 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120; 2) POV V06.1; 3) CPT: 90698, 90700, 90721, 90723, 90749 (old code).

- DTP IZ definitions: 1) Immunization (CVX) codes: 1, 22, 102; 2) POV: V06.1, V06.2, V06.3; 3) CPT: 90701, 90711 (old code), 90720; 4) Procedure 99.39.

- Tdap IZ definition: 1) Immunization (CVX) code: 115; 2) CPT 90715.

- DT IZ definitions: 1) Immunization (CVX) code 28; 2) POV V06.5; 3) CPT 90702.

- Td IZ definitions: 1) Immunization (CVX) code 9, 113; 2) POV V06.5; 3) CPT 90714, 90718.

- Diphtheria IZ definitions: 1) POV V03.5; 2) CPT 90719; 3) Procedure 99.36. Diphtheria evidence of disease definitions: POV or PCC Problem List (active or inactive) V02.4, 032*.

- Tetanus definitions: 1) Immunization (CVX) codes: 35, 112; 2) POV V03.7, 3) CPT 90703; 4) Procedure 99.38. Tetanus evidence of disease definition: POV or PCC Problem List (active or inactive) 037*.

- Pertussis definitions: 1) Immunization (CVX) code 11; 2) POV V03.6; 3) Procedure 99.37. Pertussis evidence of disease definition: POV or PCC Problem List (active or inactive) 033*.

- OPV definitions: 1) Immunization (CVX) codes: 2, 89; 2) CPT 90712. OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208.

- IPV definitions: 1) Immunization (CVX) codes: 10, 89, 110, 120; 2) POV V04.0, V06.3; 3) CPT: 90698, 90711 (old code), 90713, 90723; 4) Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): V12.02, 045*, 138, 730.70-730.79.

- MMR definitions: 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208.

- M/R definitions: 1) Immunization (CVX) code 4; 2) CPT 90708.

- R/M definitions: 1) Immunization (CVX) code 38; 2) CPT 90709 (old code).

- Measles definitions: 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*.

- Mumps definitions: 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*.

- Rubella definitions: 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0.

- HiB definitions: 1) Immunization (CVX) codes: 22, 46-49, 50, 51, 102, 120; 2) POV V03.81; 3) CPT: 90645-90648, 90698, 90720-90721, 90748. HiB evidence of disease definitions: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2.

- Hepatitis B definitions: 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748. Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3.

- Varicella definitions: 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: POV or PCC Problem List (active or inactive) 052*, 053*. Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208.

- Pneumococcal definitions: 1) Immunization (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6; V03.82; 3) CPT: 90669, 90732.

During FY 2007, maintain the FY 2006 rate of 78% for recommended immunizations for American Indian/Alaska Native children 19-35 months.

HP 2010 Goal: for 4:3:1:3:3 80%; for each individual IZ 90%

IHS Performance: FY 2006 - 80.0% (IZ program), 78.0% (CRS-in 2007, CRS will report for GPRA; not IZ program), FY 2005 - 75.0% (reported from IZ program), FY 2004 - 72.0% (reported from IZ program)

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Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 19-35 months	51		39			55		
# w/ 4:3:1:3:3 combo or w/ Dx/ Contraind/ Refusal	11	21.6	4	10.3	+11.3	6	10.9	+10.7
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	14	27.5	4	10.3	+17.2	9	16.4	+11.1
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	19	37.3	11	28.2	+9.0	13	23.6	+13.6
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	18	35.3	11	28.2	+7.1	19	34.5	+0.7
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	17	33.3	9	23.1	+10.3	14	25.5	+7.9
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	17	33.3	10	25.6	+7.7	14	25.5	+7.9

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DEMO INDIAN HOSPITAL

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Previous Year Period: Jul 01, 2005 to Jun 30, 2006

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Imm Pkg Pts 19-35 months (GPRA)	27		0			0		
# w/ 4:3:1:3:3 combo or w/ Dx/ Contraind/ Refusal (GPRA)	11	40.7	0	0.0	+40.7	0	0.0	+40.7
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	13	48.1	0	0.0	+48.1	0	0.0	+48.1
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	18	66.7	0	0.0	+66.7	0	0.0	+66.7
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	16	59.3	0	0.0	+59.3	0	0.0	+59.3
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	16	59.3	0	0.0	+59.3	0	0.0	+59.3
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	16	59.3	0	0.0	+59.3	0	0.0	+59.3

*** IHS 2007 National GPRA Clinical Performance Measure Report ***
DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2006 to Jun 30, 2007
Previous Year Period: Jul 01, 2005 to Jun 30, 2006
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Cancer Screening: Pap Smear Rates

Denominator(s):
GPRA Denominator: Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy.

Numerator(s):
GPRA Numerator: Patients with a Pap Smear documented in the past 3 years, including refusals in past year.
A: Patients with documented refusal in past year.

Age of the patient is calculated at the beginning of the Report period. Hysterectomy defined as V Procedure: 68.4-68.9 or CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135. Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49 Pap Smear for Women w/o a Cervix, or 795.06 Pap smear of cervix with cytologic evidence of malignancy ; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; 5) Women's Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP GPRA PAP SMEAR; 8) Refusal (in past year) Lab Test Pap Smear.

During FY 2007, increase to 60% the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years.

IHS Performance - FY 2006 - 59.0%, FY 2005 - 60.0%, FY 2004 - 58.0%, FY 2003 - 61%; IHS 2010 Goal: 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %

*** IHS 2007 National GPRA Clinical Performance Measure Report ***

DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2006 to Jun 30, 2007

Previous Year Period: Jul 01, 2005 to Jun 30, 2006

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Cancer Screening: Pap Smear Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 21-64 years (GPRA)	376		345			316		
# w/Pap Smear recorded w/in 3 years (GPRA)	177	47.1	174	50.4	-3.4	147	46.5	+0.6
A. # Refusals w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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DEMO INDIAN HOSPITAL
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Previous Year Period: Jul 01, 2005 to Jun 30, 2006
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Cancer Screening: Mammogram Rates

Denominator(s):
GPRA Denominator: Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Numerator(s):
GPRA Numerator: All patients who had a Mammogram documented in the past 2 years, including documented refusals in past year.
A: Patients with documented refusal in the past year.

Age of the patient is calculated at the beginning of the Report period. Bilateral mastectomy defined as: 1) V CPT: 19180.50 OR 19180 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral); 19200.50 OR 19200 w/modifier 09950; 19220.50 OR 19220 w/modifier 09950; 19240.50 OR 19240 w/modifier 09950; 2) ICD Operation codes: 85.42; 85.44; 85.46; 85.48. Unilateral mastectomy defined as: Must have 2 separate occurrences for either CPT or procedure codes on 2 different dates of service. 1) V CPT: 19180, 19200, 19220, 19240; 2) ICD Operation codes: 85.41, 85.43, 85.45, 85.47; Screening Mammogram definitions: 1) V Radiology or V CPT: 76090 Mammogram; unilateral; 76091 Mammogram; bilateral; 76092 Mammogram; screening; G0206, Diagnostic Mammography, unilateral; G0204, Diagnostic Mammography, bilateral; G0202 Screening Mammography, bilateral; 2) POV: V76.11 screening mammogram for high risk patient; V76.12 other screening mammogram; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat; 5) Refusal (in past year): V Radiology Mammogram for CPT 76090, 76091, 76092, G0206, G0204, G0202.

During FY 2007, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2006 rate of 41%.

IHS Performance: FY 2006 - 41.0%, FY 2005 - 41.0%, FY 2004 - 40.0%, FY 2003 - 40%; IHS 2010 Goal: 70%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %

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DEMO INDIAN HOSPITAL

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Cancer Screening: Mammogram Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical 52-64 (GPRA)	65		58			47		
# w/Mammogram recorded w/in 2 years (GPRA)	18	27.7	21	36.2	-8.5	24	51.1	-23.4
A. # Refusals w/ % of Total Mammograms	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Colorectal Cancer Screening

Denominator(s):
GPRA Denominator: All Active Clinical patients ages 51-80 without a documented history of colorectal cancer or total colectomy.

Numerator(s):
GPRA Numerator: Patients who have had ANY CRC screening, defined as any of the following: 1) Fecal Occult Blood test during the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years; or 4) a documented refusal in the past year.
A: Patients with documented refusal in the past year.
B: Patients with Fecal Occult Blood test (FOBT) during the Report period.

Age is calculated at the beginning of the Report period.

Denominator Exclusions: Any diagnosis ever of one of the following:

1. Colorectal Cancer: POV: 153.*, 154.0, 154.1, 197.5, V10.05.
2. Total Colectomy: CPT 44150-44153, 44155-44156, 44210-44212; V Procedure 45.8.

Screening defined as: 1. Fecal Occult Blood lab test (FOBT): CPT 82270, 82274, G0107, 89205 (old code), LOINC taxonomy, or site-populated taxonomy BGP GPRA FOB TESTS; 2. Flexible Sigmoidoscopy: V Procedure 45.24, 45.42; CPT 45330-45345, G0104; 3. Double contrast barium enema: CPT or VRad: 74280, G0106, G0120; 4. Colonoscopy: V Procedure 45.22, 45.23, 45.25, 45.43; V POV V76.51 Colon screening; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, G0121.

Refusals in past year: 1. FOBT: Refusal of V Lab Fecal Occult Blood test or CPT code 82270, 82274, G0107 or 89205 (old code); 2. Flexible Sigmoidoscopy: Refusal of V Procedure 45.24, 45.42 or CPT 45330-45345, G0104; 3. Double contrast barium enema: Refusal of V Radiology CPT: 74280, G0106, G0120; 4. Colonoscopy: Refusal of V Procedure 45.22, 45.23, 45.25, 45.43 or V CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, or G0121.

During FY 2007, maintain the FY 2006 rate of 22% of colorectal screening for clinically appropriate patients ages 50 and older.

IHS Performance: FY 2006 - 22.0%, FY 2005 (non-GPRA in 2005) - 23.0%, HP 2010 Goal for FOBT: 33%, HP 2010 Goal for Sigmoidoscopy: 50%

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Colorectal Cancer Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
AC Pts 51-80 w/o colorectal cancer or total colectomy (GPRA)	187		182			149		
# w/ CRC screening (GPRA)	45	24.1	42	23.1	+1.0	24	16.1	+8.0
A. # Refusals w/ % of Total CRC	6	13.3	0	0.0	+13.3	0	0.0	+13.3
B. # w/FOB test during Report period	5	2.7	11	6.0	-3.4	0	0.0	+2.7

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Tobacco Use and Exposure Assessment

Denominator(s):
Active Clinical patients ages 5 and older.

Numerator(s):
Patients who have been screened for tobacco use during the Report period.
Patients identified as current tobacco users during the Report Period, both smokers and smokeless users.
A: Patients identified as current smokers during the Report Period.
B: Patients identified as current smokeless tobacco users during the Report Period.
Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) during the Report Period.

Ages are calculated at beginning of Report period.

Pregnancy defined as at least two visits with POV or Problem diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV and during the past 20 months. An additional 8 months is included for patients who were pregnant during the Report period but who had their tobacco assessment prior to that. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857.

Tobacco screening is defined as at least one of the following (time frame for pregnant female patients is the past 20 months): 1. Any health factor for category Tobacco documented during Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO" or "-SHS" .

Tobacco users defined as (time frame for pregnant female patients is the past 20 months): 1. Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless; 2. Diagnosis codes 305.1, 305.10-305.12 (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320.

Smokers defined as (time frame for pregnant female patients is the past 20 months): 1. Health Factors: Current Smoker, Current Smoker and Smokeless, or Cessation-Smoker; 2. Diagnosis codes 305.1, 305.10-305.12 (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320.

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Smokeless defined as (time frame for pregnant female patients is the past 20 months): Health Factors: Current Smokeless, Current Smoker and Smokeless, or Cessation-Smokeless.

ETS defined as (time frame for pregnant female patients is the past 20 months): Health Factor Smoker in Home or Exposure to Environmental Tobacco Smoke.

Increase the rate of screening for tobacco use.

Screening: IHS Performance: FY 2005 - 34.0%, FY 2004 - 27.0%

HP 2010 Goals: 27-1a (Cigarette smoking 18 and older): - 12%, 27-1b (Spit tobacco use 18 and older): 0.4%, 27-10 (Exposure to ETS-non smokers 4 and older): 63%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Active Clinical Pts => 5	982		963			909		
# w/Tobacco Screening	472	48.1	406	42.2	+5.9	330	36.3	+11.8
# Tobacco Users w/ % of Total Screened	185	39.2	148	36.5	+2.7	130	39.4	-0.2
A. # Smokers w/ % of Total Tobacco Users	174	94.1	147	99.3	-5.3	130	100.0	-5.9
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	11	5.9	1	0.7	+5.3	1	0.8	+5.2
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.2	1	0.2	-0.0	1	0.3	-0.1

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Tobacco Cessation

Denominator(s):
GPRA Denominator: Active Clinical patients identified as current tobacco users prior to the Report Period.

Numerator(s):
GPRA Numerator: Patients who have received tobacco cessation counseling during the Report Period, including documented refusal in past year. Patients identified during the Report Period as quit tobacco use.

Age is calculated at the beginning of the Report period.
Tobacco users defined as documented prior to the Report Period: 1. Health Factors (looks at the last documented health factor): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, or Cessation-Smokeless; 2. Tobacco-related POV or active Problem List diagnoses 305.1, 305.10-305.12 (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320.

Tobacco cessation counseling defined as any of the following documented during Report Period: 1. Patient education codes containing "TO-", "-TO", or "-SHS"; 2. Clinic code 94 (tobacco cessation clinic); 3. Dental code 1320; 4. CPT code G0375 or G0376. Refusals defined as documented refusal of patient education codes containing "TO-", "-TO", or "-SHS" during Report Period.

Quit tobacco use defined as documented during Report Period: 1. POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission; or 2. Health Factors documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.

During FY 2007, maintain the FY 2006 rate of 12% of tobacco-using patients who receive tobacco cessation intervention.

IHS Performance: FY 2006 - 12.0%

Smoking Cessation Attempts, HP 2010 Target: 75%
Smoking Cessation Counseling, HP 2010 Target: 72%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %

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Tobacco Cessation (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Tobacco Users (GPRA)	269		236			184		
# w/tobacco cessation counseling or refusal (GPRA)	30	11.2	46	19.5	-8.3	48	26.1	-14.9
# who quit	0	0.0	1	0.4	-0.4	1	0.5	-0.5
Male Active Clinical Tobacco Users	125		116			95		
# w/tobacco cessation counseling or refusal	19	15.2	19	16.4	-1.2	25	26.3	-11.1
# who quit	0	0.0	0	0.0	+0.0	1	1.1	-1.1
Female Active Clinical Tobacco Users	144		120			89		
# w/tobacco cessation counseling or refusal	11	7.6	27	22.5	-14.9	23	25.8	-18.2
# who quit	0	0.0	1	0.8	-0.8	0	0.0	+0.0

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Tobacco Cessation (con't)

ACTIVE CLINICAL TOBACCO USERS

	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Active Clin Tobacco Users	0	5	264
# w/tobacco cessation counseling or refusal	0	0	30
% w/ tobacco cessation counseling or refusal	0.0	0.0	11.4
# who quit	0	0	0
% who quit	0.0	0.0	0.0
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	4	231
# w/tobacco cessation counseling or refusal	0	0	46
% w/tobacco cessation counseling or refusal	0.0	0.0	19.9
# who quit	0	0	1
% who quit	0.0	0.0	0.4
CHANGE FROM PREV YR % w/tobacco cessation counseling or refusal	+0.0	+0.0	-8.5
who quit	+0.0	+0.0	-0.4
BASELINE REPORT PERIOD			
Active Clin Tobacco Users	0	1	183
# w/tobacco cessation counseling or refusal	0	0	48
% w/tobacco cessation counseling or refusal	0.0	0.0	26.2
# who quit	0	0	1
% who quit	0.0	0.0	0.5
CHANGE FROM BASE YR % w/tobacco cessation counseling or refusal	+0.0	+0.0	-14.9
who quit	+0.0	+0.0	-0.5

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Tobacco Cessation (con't)

MALE ACTIVE CLINICAL TOBACCO USERS

	Age Distribution <12	12-17	=>18
CURRENT REPORT PERIOD			
Male AC Tobacco Users	0	5	120
# w/tobacco cessation counseling or refusal	0	0	19
% w/ tobacco cessation counseling or refusal	0.0	0.0	15.8
# who quit	0	0	0
% who quit	0.0	0.0	0.0
PREVIOUS YEAR PERIOD			
Male AC Tobacco Users	1	4	111
# w/tobacco cessation counseling or refusal	0	0	19
% w/tobacco cessation counseling or refusal	0.0	0.0	17.1
# who quit	0	0	0
% who quit	0.0	0.0	0.0
CHANGE FROM PREV YR % w/tobacco cessation counseling or refusal	+0.0	+0.0	-1.3
who quit	+0.0	+0.0	+0.0
BASELINE REPORT PERIOD			
Male AC Tobacco Users	0	0	95
# w/tobacco cessation counseling or refusal	0	0	25
% w/tobacco cessation counseling or refusal	0.0	0.0	26.3
# who quit	0	0	1
% who quit	0.0	0.0	1.1
CHANGE FROM BASE YR % w/tobacco cessation counseling or refusal	+0.0	+0.0	-10.5
who quit	+0.0	+0.0	-1.1

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Tobacco Cessation (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS

	Age Distribution <12	12-17	=>18
CURRENT REPORT PERIOD			
Female AC Tobacco Users	0	0	144
# w/tobacco cessation counseling or refusal	0	0	11
% w/ tobacco cessation counseling or refusal	0.0	0.0	7.6
# who quit	0	0	0
% who quit	0.0	0.0	0.0
PREVIOUS YEAR PERIOD			
Female AC Tobacco Users	0	0	120
# w/tobacco cessation counseling or refusal	0	0	27
% w/tobacco cessation counseling or refusal	0.0	0.0	22.5
# who quit	0	0	1
% who quit	0.0	0.0	0.8
CHANGE FROM PREV YR % w/tobacco cessation counseling or refusal	+0.0	+0.0	-14.9
who quit	+0.0	+0.0	-0.8
BASELINE REPORT PERIOD			
Female AC Tobacco Users	0	1	88
# w/tobacco cessation counseling or refusal	0	0	23
% w/tobacco cessation counseling or refusal	0.0	0.0	26.1
# who quit	0	0	0
% who quit	0.0	0.0	0.0
CHANGE FROM BASE YR % w/tobacco cessation counseling or refusal	+0.0	+0.0	-18.5
who quit	+0.0	+0.0	+0.0

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

Alcohol Screening (FAS Prevention)

Denominator(s):
GPRA Denominator: Female Active Clinical patients ages 15 to 44.

Numerator(s):
GPRA Numerator: Patients screened for alcohol use during the Report Period, including refusals in the past year.

Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A1) PCC Exam code 35, A2) Any Alcohol Health Factor, A3) Screening diagnosis V11.3 (history of alcoholism), V79.1 or BHS problem code 29.1 (screening for alcoholism); B1) Alcohol-related diagnosis (POV, current PCC or BHS Problem List): 303.*, 305.0*, 291.*, 357.5*; BHS POV 10, 27, 29; B2) Alcohol-related procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69; C) Patient education codes containing "AOD-" or "-AOD" or old codes containing "CD-" or "-CD"; or D) Refusal of PCC Exam code 35 in the past year.

During FY 2007, maintain the FY 2006 rate of 28% of screening for alcohol use in female patients ages 15 to 44.

IHS Performance: FY 2006 - 28.0%, FY 2005 - 11.0%, FY 2004 - 7.0%; IHS FY 2010 Target: 25.0%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %
Female Active Clinical ages 15-44 (GPRA)	343		322			304		
# w/any alcohol screening (GPRA)	2	0.6	1	0.3	+0.3	1	0.3	+0.3

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Intimate Partner (Domestic) Violence Screening

Denominator(s):
GPRA Denominator: Female Active Clinical patients ages 15-40.

Numerator(s):
GPRA Numerator: Patients screened for intimate partner (domestic) violence at any time during the Report Period, including documented refusals in past year.

Age is calculated at beginning of the Report Period. Screening is defined as at least one of the following: A) PCC Exam code 34 or BHS IPV/DV exam; B) Diagnosis (POV or current PCC or BHS Problem List): 995.80-83, 995.85 (adult maltreatment), V15.41, V15.42, V15.49 (history of abuse); BHS POV 43.*, 44.* C1) Patient education codes containing "DV-" or "-DV"; C2) IPV/DV counseling: V61.11. Refusals defined as: A) Any PCC refusal in past year with Exam Code 34, BHS refusal in past year of IPV/DV exam; B) Any refusal in past year with Patient Education codes containing "DV-" or "-DV".

During FY 2007, maintain the FY 2006 rate of 28% for screening for domestic violence in female patients ages 15 through 40.

IHS Performance: FY 2006 - 28.0%, FY 2005 - 13.0%, FY 2004 - 4.0%; IHS FY 2010 Target: 40.0%

NOTE: Age range changed from 16-24 to 15-40 in 2005.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 15-40 (GPRA)	302		292			267		
# w/IPV/DV screening or refusal (GPRA)	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Depression Screening

Denominator(s):
GPRA Denominator: Active Clinical patients ages 18 and older. Broken down by gender.
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report period, AND at least 2 visits during the Report period, AND 2 DM-related visits ever. Broken down by gender.

Numerator(s):
GPRA Numerator: Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.
A: Patients screened for depression during the Report period.
B: Patients with a diagnosis of a mood disorder during the Report period.
C: Patients with documented refusal in past year.

Age is calculated at beginning of the Report period. Diabetes diagnosis defined as POV 250.00-250.93. Ischemic heart disease diagnosis defined as: POV 410.0-412.*, 414.0-414.9, 428.*, 429.2.

Ischemic heart disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.*, or 429.2 recorded in the V POV file.

Screening is defined as: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression).

Mood disorders are defined as at least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Screening refusals defined as: A) Any PCC refusal in past year with Exam Code 36.

Depression-related patient education defined as: A) Patient education codes containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or B) "PDEP-" (postpartum depression) or any refusal in past year with Patient Education codes containing "DEP-", "BH-", "SB-", or "PDEP-".

During FY 2007, maintain the FY 2006 rate of 15% for annual screening for depression in adults ages 18 and over.

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IHS Performance: 2006 - 15.0%

HP 2010 Goal: 68%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts => 18 (GPRA)	766		727			665		
# w/ Depression screening, DX or refusal (GPRA)	41	5.4	41	5.6	-0.3	17	2.6	+2.8
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	41	5.4	41	5.6	-0.3	17	2.6	+2.8
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Male Active Clinical Pts =>18	281		278			249		
# w/ Depression screening, DX or refusal	11	3.9	6	2.2	+1.8	1	0.4	+3.5
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	11	3.9	6	2.2	+1.8	1	0.4	+3.5
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female Active Clinical Pts =>18	485		449			416		
# w/ Depression screening, DX or refusal	30	6.2	35	7.8	-1.6	16	3.8	+2.3
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	30	6.2	35	7.8	-1.6	16	3.8	+2.3
C. # w/refusal in past year w/% total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	106		95			87		
# w/ Depression screening, DX or refusal	13	12.3	12	12.6	-0.4	5	5.7	+6.5
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	13	12.3	12	12.6	-0.4	5	5.7	+6.5
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Male Active Diabetic Pts	50		45			38		
# w/ Depression screening, DX or refusal	4	8.0	2	4.4	+3.6	1	2.6	+5.4
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	4	8.0	2	4.4	+3.6	1	2.6	+5.4
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female Active Diabetic Pts	56		50			49		
# w/ Depression screening, DX or refusal	9	16.1	10	20.0	-3.9	4	8.2	+7.9
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	9	16.1	10	20.0	-3.9	4	8.2	+7.9
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Obesity Assessment

Denominator(s):
Active Clinical patients ages 2 through 74.

Numerator(s):
Patients for whom a BMI could be calculated, including refusals in the past year.
For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables.
For those with a BMI calculated, patients considered obese using BMI and standard tables.
Total of overweight and obese.
Patients with documented refusal in past year.

Age is calculated at beginning of the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Increase the number of patients for whom BMI data can be measured by 5%.

BMI Available: IHS Performance: FY 2005 - 64.0%, FY 2004 - 60.0%

HP 2010 Goals: 19-2 (Obesity in Adults 20+): 15%, 19-3a (Overweight or Obesity in Children 6-11): 5%, 19-3b (Overweight or Obesity in Adolescents 12-19): 5%, 19-3c (Overweight or Obesity in Children 6-19): 5%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %

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Obesity Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 2-74	1,049		1,029			980		
# w/BMI calculated	849	80.9	819	79.6	+1.3	713	72.8	+8.2
A. # Overweight w/ % of Total BMI	238	28.0	236	28.8	-0.8	192	26.9	+1.1
B. # Obese w/ % of Total BMI	353	41.6	336	41.0	+0.6	267	37.4	+4.1
C. # Overweight/Obese w/ % of Total BMI	591	69.6	572	69.8	-0.2	459	64.4	+5.2
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	108	97	133	117	186	141	136	131
# w/ BMI calculated	52	44	88	114	176	137	121	117
% w/BMI calculated	48.1	45.4	66.2	97.4	94.6	97.2	89.0	89.3
# Overweight	9	10	21	32	44	37	38	47
% Overweight w/ % Total BMI	17.3	22.7	23.9	28.1	25.0	27.0	31.4	40.2
# Obese	7	13	28	38	82	81	55	49
% Obese w/ % of Total BMI	13.5	29.5	31.8	33.3	46.6	59.1	45.5	41.9
# Overweight or Obese	16	23	49	70	126	118	93	96
% Overweight or Obese w/ % Total BMI	30.8	52.3	55.7	61.4	71.6	86.1	76.9	82.1
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION							
				Age Distribution				
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total # Active Clin	111	119	133	119	160	133	125	129
# w/ BMI calculated	49	56	88	114	152	128	112	120
% w/BMI calculated	44.1	47.1	66.2	95.8	95.0	96.2	89.6	93.0
# Overweight	7	11	20	38	47	33	35	45
% Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.9	25.8	31.3	37.5
# Obese	14	14	26	35	63	76	56	52
% Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.4	59.4	50.0	43.3
# Overweight or Obese	21	25	46	73	110	109	91	97
% Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.4	85.2	81.3	80.8
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+4.0	-1.7	+0.0	+1.6	-0.4	+0.9	-0.6	-3.7
Overweight	+3.0	+3.1	+1.1	-5.3	-5.9	+1.2	+0.2	+2.7
Obese	-15.1	+4.5	+2.3	+2.6	+5.1	-0.3	-4.5	-1.5
Overweight or Obese	-12.1	+7.6	+3.4	-2.6	-0.8	+1.0	-4.4	+1.2
w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION	Age Distribution					
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total # Active Clin	116	115	135	112	153	126	123	100
# w/ BMI calculated	45	58	77	99	129	109	103	93
% w/BMI calculated	38.8	50.4	57.0	88.4	84.3	86.5	83.7	93.0
# Overweight	9	7	18	23	39	29	35	32
% Overweight w/ % Total BMI	20.0	12.1	23.4	23.2	30.2	26.6	34.0	34.4
# Obese	7	13	19	32	58	55	44	39
% Obese w/ % of Total BMI	15.6	22.4	24.7	32.3	45.0	50.5	42.7	41.9
# Overweight or Obese	16	20	37	55	97	84	79	71
% Overweight or Obese w/ % Total BMI	35.6	34.5	48.1	55.6	75.2	77.1	76.7	76.3
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+9.4	-5.1	+9.1	+9.0	+10.3	+10.7	+5.2	-3.7
Overweight	-2.7	+10.7	+0.5	+4.8	-5.2	+0.4	-2.6	+5.8
Obese	-2.1	+7.1	+7.1	+1.0	+1.6	+8.7	+2.7	-0.1
Overweight or Obese	-4.8	+17.8	+7.6	+5.8	-3.6	+9.1	+0.2	+5.7
w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

MALE ACTIVE CLINICAL POPULATION

Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total MALE AC	52	44	67	40	52	54	55	59
# w/ BMI calculated	22	21	44	39	48	54	46	54
% w/BMI calculated	42.3	47.7	65.7	97.5	92.3	100.0	83.6	91.5
# Overweight	3	4	13	10	13	17	19	23
% Overweight w/ % Total BMI	13.6	19.0	29.5	25.6	27.1	31.5	41.3	42.6
# Obese	4	8	14	14	27	33	20	25
% Obese w/ % of Total BMI	18.2	38.1	31.8	35.9	56.3	61.1	43.5	46.3
# Overweight or Obese	7	12	27	24	40	50	39	48
% Overweight or Obese w/ % Total BMI	31.8	57.1	61.4	61.5	83.3	92.6	84.8	88.9
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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Obesity Assessment (con't)

MALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total MALE AC	55	59	65	39	43	56	56	60
# w/ BMI calculated	21	31	41	36	40	55	50	54
% w/BMI calculated	38.2	52.5	63.1	92.3	93.0	98.2	89.3	90.0
# Overweight	4	5	8	14	14	15	16	21
% Overweight w/ % Total BMI	19.0	16.1	19.5	38.9	35.0	27.3	32.0	38.9
# Obese	5	7	10	11	20	34	30	23
% Obese w/ % of Total BMI	23.8	22.6	24.4	30.6	50.0	61.8	60.0	42.6
# Overweight or Obese	9	12	18	25	34	49	46	44
% Overweight or Obese w/ % Total BMI	42.9	38.7	43.9	69.4	85.0	89.1	92.0	81.5
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+4.1	-4.8	+2.6	+5.2	-0.7	+1.8	-5.6	+1.5
Overweight	-5.4	+2.9	+10.0	-13.2	-7.9	+4.2	+9.3	+3.7
Obese	-5.6	+15.5	+7.4	+5.3	+6.3	-0.7	-16.5	+3.7
Overweight or Obese	-11.0	+18.4	+17.5	-7.9	-1.7	+3.5	-7.2	+7.4
w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

MALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total MALE AC	58	61	63	35	48	46	53	45
# w/ BMI calculated	23	33	32	29	37	39	46	45
% w/BMI calculated	39.7	54.1	50.8	82.9	77.1	84.8	86.8	100.0
# Overweight	4	4	6	9	10	12	16	13
% Overweight w/ % Total BMI	17.4	12.1	18.8	31.0	27.0	30.8	34.8	28.9
# Obese	4	10	9	11	20	18	20	25
% Obese w/ % of Total BMI	17.4	30.3	28.1	37.9	54.1	46.2	43.5	55.6
# Overweight or Obese	8	14	15	20	30	30	36	38
% Overweight or Obese w/ % Total BMI	34.8	42.4	46.9	69.0	81.1	76.9	78.3	84.4
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+2.7	-6.4	+14.9	+14.6	+15.2	+15.2	-3.2	-8.5
Overweight	-3.8	+6.9	+10.8	-5.4	+0.1	+0.7	+6.5	+13.7
Obese	+0.8	+7.8	+3.7	-2.0	+2.2	+15.0	+0.0	-9.3
Overweight or Obese	-3.0	+14.7	+14.5	-7.4	+2.3	+15.7	+6.5	+4.4
w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION

Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total FEMALE AC	56	53	66	77	134	87	81	72
# w/ BMI calculated	30	23	44	75	128	83	75	63
% w/BMI calculated	53.6	43.4	66.7	97.4	95.5	95.4	92.6	87.5
# Overweight	6	6	8	22	31	20	19	24
% Overweight w/ % Total BMI	20.0	26.1	18.2	29.3	24.2	24.1	25.3	38.1
# Obese	3	5	14	24	55	48	35	24
% Obese w/ % of Total BMI	10.0	21.7	31.8	32.0	43.0	57.8	46.7	38.1
# Overweight or Obese	9	11	22	46	86	68	54	48
% Overweight or Obese w/ % Total BMI	30.0	47.8	50.0	61.3	67.2	81.9	72.0	76.2
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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Obesity Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION

Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total FEMALE AC	56	60	68	80	117	77	69	69
# w/ BMI calculated	28	25	47	78	112	73	62	66
% w/BMI calculated	50.0	41.7	69.1	97.5	95.7	94.8	89.9	95.7
# Overweight	3	6	12	24	33	18	19	24
% Overweight w/ % Total BMI	10.7	24.0	25.5	30.8	29.5	24.7	30.6	36.4
# Obese	9	7	16	24	43	42	26	29
% Obese w/ % of Total BMI	32.1	28.0	34.0	30.8	38.4	57.5	41.9	43.9
# Overweight or Obese	12	13	28	48	76	60	45	53
% Overweight or Obese w/ % Total BMI	42.9	52.0	59.6	61.5	67.9	82.2	72.6	80.3
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+3.6	+1.7	-2.5	-0.1	-0.2	+0.6	+2.7	-8.2
Overweight	+9.3	+2.1	-7.4	-1.4	-5.2	-0.6	-5.3	+1.7
Obese	-22.1	-6.3	-2.2	+1.2	+4.6	+0.3	+4.7	-5.8
Overweight or Obese	-12.9	-4.2	-9.6	-0.2	-0.7	-0.3	-0.6	-4.1
w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total FEMALE AC	58	54	72	77	105	80	70	55
# w/ BMI calculated	22	25	45	70	92	70	57	48
% w/BMI calculated	37.9	46.3	62.5	90.9	87.6	87.5	81.4	87.3
# Overweight	5	3	12	14	29	17	19	19
% Overweight w/ % Total BMI	22.7	12.0	26.7	20.0	31.5	24.3	33.3	39.6
# Obese	3	3	10	21	38	37	24	14
% Obese w/ % of Total BMI	13.6	12.0	22.2	30.0	41.3	52.9	42.1	29.2
# Overweight or Obese	8	6	22	35	67	54	43	33
% Overweight or Obese w/ % Total BMI	36.4	24.0	48.9	50.0	72.8	77.1	75.4	68.8
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+15.6	-2.9	+4.2	+6.5	+7.9	+7.9	+11.2	+0.2
Overweight	-2.7	+14.1	-8.5	+9.3	-7.3	-0.2	-8.0	-1.5
Obese	-3.6	+9.7	+9.6	+2.0	+1.7	+5.0	+4.6	+8.9
Overweight or Obese	-6.4	+23.8	+1.1	+11.3	-5.6	+4.8	-3.4	+7.4
w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Childhood Weight Control

Denominator(s):
GPRA Denominator: Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups and gender.

Numerator(s):
Patients with BMI 85-94%.
GPRA Numerator: Patients with a BMI 95% and up.
Patients with a BMI =>85%.

All patients for whom a BMI could be calculated and who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the age 3 group. CRS looks for the most recent BMI in the report period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure reported differently than in Obesity Assessment since this age group is children ages 2-5, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%.

Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight.

Low-High Ages	SEX	BMI >= (Risk-Overwt)	BMI >= (Overwt)	DATA CHECK LIMITS BMI >	BMI <
2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

During FY 2007, maintain the FY 2006 rate of 24% of children with a BMI of

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95% or higher.

IHS Performance: FY 2006 - 24.0%

IHS 2010 Goal: Reduce by 10%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 2-5 w/BMI (GPRA)	44		39			40		
# w/BMI 85-94%	7	15.9	5	12.8	+3.1	10	25.0	-9.1
# w/BMI =>95% (GPRA)	5	11.4	9	23.1	-11.7	5	12.5	-1.1
# w/BMI =>85%	12	27.3	14	35.9	-8.6	15	37.5	-10.2
Active Clinical Pts Age 2	2		8			5		
# w/BMI 85-94%	1	50.0	0	0.0	+50.0	1	20.0	+30.0
# w/BMI =>95%	0	0.0	2	25.0	-25.0	0	0.0	+0.0
# w/BMI =>85%	1	50.0	2	25.0	+25.0	1	20.0	+30.0
Active Clinical Pts Age 3	23		15			8		
# w/BMI 85-94%	2	8.7	2	13.3	-4.6	3	37.5	-28.8
# w/BMI =>95%	3	13.0	3	20.0	-7.0	2	25.0	-12.0
# w/BMI =>85%	5	21.7	5	33.3	-11.6	5	62.5	-40.8
Active Clinical Pts Age 4	12		10			17		
# w/BMI 85-94%	1	8.3	2	20.0	-11.7	3	17.6	-9.3
# w/BMI =>95%	1	8.3	2	20.0	-11.7	2	11.8	-3.4
# w/BMI =>85%	2	16.7	4	40.0	-23.3	5	29.4	-12.7

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Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts Age 5	7		6			10		
# w/BMI 85-94%	3	42.9	1	16.7	+26.2	3	30.0	+12.9
# w/BMI =>95%	1	14.3	2	33.3	-19.0	1	10.0	+4.3
# w/BMI =>85%	4	57.1	3	50.0	+7.1	4	40.0	+17.1
Male Active Clinical Pts Age 2	1		3			2		
# w/BMI 85-94%	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/BMI =>95%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
# w/BMI =>85%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
Male Active Clinical Pts Age 3	9		7			4		
# w/BMI 85-94%	1	11.1	0	0.0	+11.1	1	25.0	-13.9
# w/BMI =>95%	1	11.1	2	28.6	-17.5	2	50.0	-38.9
# w/BMI =>85%	2	22.2	2	28.6	-6.3	3	75.0	-52.8
Male Active Clinical Pts Age 4	4		4			9		
# w/BMI 85-94%	0	0.0	1	25.0	-25.0	2	22.2	-22.2
# w/BMI =>95%	0	0.0	0	0.0	+0.0	1	11.1	-11.1
# w/BMI =>85%	0	0.0	1	25.0	-25.0	3	33.3	-33.3
Male Active Clinical Pts Age 5	4		4			5		
# w/BMI 85-94%	2	50.0	1	25.0	+25.0	1	20.0	+30.0
# w/BMI =>95%	1	25.0	1	25.0	+0.0	0	0.0	+25.0
# w/BMI =>85%	3	75.0	2	50.0	+25.0	1	20.0	+55.0

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Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts Age 2	1		5			3		
# w/BMI 85-94%	1	100.0	0	0.0	+100.0	1	33.3	+66.7
# w/BMI =>95%	0	0.0	1	20.0	-20.0	0	0.0	+0.0
# w/BMI =>85%	1	100.0	1	20.0	+80.0	1	33.3	+66.7
Female Active Clinical Pts Age 3	14		8			4		
# w/BMI 85-94%	1	7.1	2	25.0	-17.9	2	50.0	-42.9
# w/BMI =>95%	2	14.3	1	12.5	+1.8	0	0.0	+14.3
# w/BMI =>85%	3	21.4	3	37.5	-16.1	2	50.0	-28.6
Female Active Clinical Pts Age 4	8		6			8		
# w/BMI 85-94%	1	12.5	1	16.7	-4.2	1	12.5	+0.0
# w/BMI =>95%	1	12.5	2	33.3	-20.8	1	12.5	+0.0
# w/BMI =>85%	2	25.0	3	50.0	-25.0	2	25.0	+0.0
Female Active Clinical Pts Age 5	3		2			5		
# w/BMI 85-94%	1	33.3	0	0.0	+33.3	2	40.0	-6.7
# w/BMI =>95%	0	0.0	1	50.0	-50.0	1	20.0	-20.0
# w/BMI =>85%	1	33.3	1	50.0	-16.7	3	60.0	-26.7

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Cardiovascular Disease and Cholesterol Screening

Denominator(s):
Active Clinical patients ages 23 and older, broken down by gender.

Numerator(s):
Patients with documented blood total cholesterol screening any time in the past 5 years.

Age is calculated at the beginning of the Report period.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Counts all Y instances reported, regardless of the results of the measurement. Total Cholesterol definition: CPT 82465; LOINC taxonomy ; site-populated taxonomy DM AUDIT CHOLESTEROL TAX. LDL Definition: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

Maintain the proportion of patients ages 23 and older who have received blood cholesterol screening.

IHS Performance: FY 2006 - 48.0%, FY 2005 - 43.0%
Chol Screen: HP 1998 baseline: 67%; HP 2010 target: 80%; High Cholesterol: HP2010 target: 17%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts => 23	663		618			568		
# w/ Total Cholesterol screen w/in 5 yrs	244	36.8	219	35.4	+1.4	201	35.4	+1.4

Cardiovascular Disease and Blood Pressure Control

Denominator(s):
All Active Clinical patients ages 20 and over.
Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.

Numerator(s):
Patients with Blood Pressure value documented at least twice in prior two years.
A. Patients with normal Blood Pressure (BP), defined as < 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.
B. Patients with Pre Hypertension I BP, defined as => 120/80 and < 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 AND the mean diastolic value is equal to 80.
C. Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 AND the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.
D. Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 AND the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.
E. Patients with Stage 2 Hypertension BP, defined as => 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 AND the mean diastolic value is equal to or greater than (=>) 100.

Age of the patient is calculated at beginning of the Report period.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits in the past two years. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

Increase the proportion of patients ages 20 and older whose blood pressure has been assessed in past two years and increase the proportion

of individuals with known ischemic heart disease and appropriate BP assessment.

High Blood Pressure (140/90) Performance: HP 2010 Goal: 16%

BP Assessed: IHS 2010 Goal: 95%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients ages 20 and older	733		690			639		
# w/ BPs documented	584	79.7	551	79.9	-0.2	478	74.8	+4.9
A. # w/Normal BP w/ % of Total Screened Screen	129	22.1	133	24.1	-2.0	121	25.3	-3.2
B. # w/Pre HTN I BP w/ % of Total Screened	101	17.3	112	20.3	-3.0	83	17.4	-0.1
C. # w/Pre HTN II BP w/ % of Total Screened	146	25.0	117	21.2	+3.8	105	22.0	+3.0
D. # w/Stage 1 HTN BP w/ % of Total Screened	169	28.9	150	27.2	+1.7	130	27.2	+1.7
E. # w/Stage 2 HTN BP w/ % of Total Screened	39	6.7	39	7.1	-0.4	39	8.2	-1.5
Active IHD Pts	53		44			36		
# w/ BPs documented	50	94.3	44	100.0	-5.7	36	100.0	-5.7
A. # w/Normal BP w/ % of Total Screened	8	16.0	5	11.4	+4.6	5	13.9	+2.1
B. # w/Pre HTN I BP w/ % of Total Screened	3	6.0	12	27.3	-21.3	7	19.4	-13.4
C. # w/Pre HTN II BP w/ % of Total Screened	23	46.0	10	22.7	+23.3	11	30.6	+15.4
D. # w/Stage 1 HTN BP w/ % of Total Screened	14	28.0	13	29.5	-1.5	6	16.7	+11.3
E. # w/Stage 2 HTN BP w/ % of Total Screened	2	4.0	4	9.1	-5.1	7	19.4	-15.4

Comprehensive CVD-Related Assessment

Denominator(s):
GPRA Denominator: Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.
A: Active IHD patients ages 22 and older who are not Active Diabetic.
B: Active IHD patients ages 22 and older who are Active Diabetic.

Numerator(s):
BP Assessed: Patients with Blood Pressure value documented at least twice in prior two years.
LDL Assessed: Patients with LDL completed in past five years, regardless of result.
Tobacco Use Assessed: Patients who have been screened for tobacco use during the Current Report period.
BMI Available: Patients for whom a BMI could be calculated, including refusals in the past year.
Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Current Report period.
GPRA Numerator: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling.
Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

Age of the patient is calculated at beginning of the Report period.
Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

For BP: Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period.

For LDL, finds the most recent test done in the last 5 years, regardless of the results of the measurement. LDL Definition: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

Tobacco screening is defined as at least one of the following: 1. Any health factor for category Tobacco documented during Current Report

period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO" or "-SHS.

For BMI, CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)). Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise). Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).

Depression Screening/Mood Disorder DX: Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

During FY 2007, establish the baseline rate of at-risk patients who have a comprehensive assessment.

IHS 2010 Goals:
BP Assessed: 95%
LDL Assessed: 85%
Tobacco Assessed: 50%
BMI Measured: 45%
Lifestyle Counseling: 75%
Depression Screen: 20%
All Assessments: 15%

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Comprehensive CVD-Related Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active IHD Pts 22+ (GPRA)	53		44			36		
# w/ BPs documented w/in 2 yrs	50	94.3	44	100.0	-5.7	36	100.0	-5.7
# w/LDL done w/in 5 yrs	44	83.0	38	86.4	-3.3	30	83.3	-0.3
# w/Tobacco Screening w/in 1 yr	38	71.7	37	84.1	-12.4	27	75.0	-3.3
# w/BMI calculated or refusal	51	96.2	43	97.7	-1.5	35	97.2	-1.0
# w/ lifestyle educ w/in 1 yr	24	45.3	22	50.0	-4.7	22	61.1	-15.8
# w/ BP, LDL, tobacco, BMI and life counseling (GPRA)	20	37.7	19	43.2	-5.4	14	38.9	-1.2
# w/ Depression screening, DX, or refusal	4	7.5	4	9.1	-1.5	2	5.6	+2.0
A. Active IHD Pts 22+ and are NOT Active Diabetic	24		19			17		
# w/ BPs documented w/in 2 yrs	23	95.8	19	100.0	-4.2	17	100.0	-4.2
# w/LDL done w/in 5 yrs	19	79.2	17	89.5	-10.3	13	76.5	+2.7
# w/Tobacco Screening w/in 1 yr	16	66.7	15	78.9	-12.3	13	76.5	-9.8
# w/BMI calculated or refusal	24	100.0	19	100.0	+0.0	16	94.1	+5.9
# w/ lifestyle educ w/in 1 yr	11	45.8	7	36.8	+9.0	7	41.2	+4.7
# w/ BP, LDL, tobacco, BMI and life counseling	8	33.3	6	31.6	+1.8	4	23.5	+9.8
# w/ Depression screening, DX, or refusal	2	8.3	1	5.3	+3.1	1	5.9	+2.5

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	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. Active IHD Pts 22+ who ARE Active Diabetic	29		25			19		
# w/ BPs documented w/in 2 yrs	27	93.1	25	100.0	-6.9	19	100.0	-6.9
# w/LDL done w/in 5 yrs	25	86.2	21	84.0	+2.2	17	89.5	-3.3
# w/Tobacco Screening w/in 1 yr	22	75.9	22	88.0	-12.1	14	73.7	+2.2
# w/BMI calculated or refusal	27	93.1	24	96.0	-2.9	19	100.0	-6.9
# w/ lifestyle educ w/in 1 yr	13	44.8	15	60.0	-15.2	15	78.9	-34.1
# w/ BP, LDL, tobacco, BMI, and life counseling	12	41.4	13	52.0	-10.6	10	52.6	-11.3
# w/ Depression screening, DX or refusal	2	6.9	3	12.0	-5.1	1	5.3	+1.6

Appropriate Medication Therapy after a Heart Attack

Denominator(s):
Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period and were not readmitted for any diagnosis within seven days of discharge.

Numerator(s):
Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to beta-blockers.
Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to ASA (aspirin) or other anti-platelet agent.
Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to ACEIs/ARBs.
Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to statins.
Patients with active prescriptions for all post-AMI medications (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, AND statin), with refusal, and/or who have a contraindication/previous adverse reaction.

Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as POV 410.*1 (i.e. first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report period, CRS will include only the first discharge.

Denominator Exclusions: Patients meeting any of the following conditions will be excluded from the denominator.

1. Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients readmitted for any diagnosis within seven days of discharge.
3. Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
4. Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post."

To be included in the numerators, a patient must meet one of the 3 conditions below:

1. An active prescription (not discontinued as of [discharge date + 7 days]) that was prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date); OR

2. A refusal of the medication at least once during hospital stay through 7 days after discharge date; OR
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up the to the numerator total.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Numerator Logic: In the logic below, "ever" is defined as anytime through the end of the Report Period.

Beta-Blocker Numerator Logic:

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during hospital stay through 7 days after discharge date.

Contraindications to beta-blockers defined as any of the following occurring ever unless otherwise noted: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496; F) NMI (not medically indicated) refusal for any beta-blocker at least once during hospital stay through 7 days after discharge date; or G) CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E942.0; B) beta block* entry in ART (Patient Allergies File); or C) beta block*, bblock* or b block* contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ASA (aspirin)/Other Anti-Platelet Numerator Logic:

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during hospital stay through 7 days after discharge date.

Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge, using site-populated BGP CMS WARFARIN MEDS taxonomy; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin at least once during hospital stay through 7 days after discharge date; or D) CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ACEI/ARB Numerator Logic:

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

ACEI-Combination Products: Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ

(Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during hospital stay through 7 days after discharge date.

Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented ACEI allergy defined as any of the following occurring ever: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)

ARB Combination Products: Candesartan (Atacand HCT), Irbesartan (Avalide), Losartan (Hyzaar), Telmisartan (Micardis HCT), Valsartan (Diovan HCT).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during hospital stay through 7 days after discharge date.

Contraindications to ARB defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22) or 2) NMI (not medically indicated) refusal for any ARB at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented ARB allergy defined as any of the following occurring ever: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

Statins Numerator Logic:

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN

MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during hospital stay through 7 days after discharge date.

Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857; 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the Report Period; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the Report Period, or 4) NMI (not medically indicated) refusal for any statin at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the Report Period; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period; 3) Myopathy/Myalgia, defined as any of the following during the Report Period: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime ever: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

All Medications Numerator Logic:

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin).

Test Definitions:

ALT: Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy.

AST: Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy.

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Creatine Kinase: Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy.

Establish the rate of patients receiving appropriate medication therapy after an AMI.

2010 Goal: TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Active Clinical Pts 35+ hospitalized for AMI	12		0			0		
# w/beta-blocker Rx/refusal/Contra/ ADR	7	58.3	0	0.0	+58.3	0	0.0	+58.3
# w/ASA Rx/refusal/ Contra/ADR	8	66.7	0	0.0	+66.7	0	0.0	+66.7
# w/ACEI/ARB Rx/refusal/Contra/ ADR	7	58.3	0	0.0	+58.3	0	0.0	+58.3
# w/statin Rx/refusal/Contra/ ADR	12	100.0	0	0.0	+100.0	0	0.0	+100.0
# w/Rx/refusal/contra/ ADR of ALL meds	6	50.0	0	0.0	+50.0	0	0.0	+50.0

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Persistence of Appropriate Medication Therapy after a Heart Attack

Denominator(s):
Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period.

Numerator(s):
Patients with a 135-day course of treatment with beta-blockers, who refused beta-blockers in the 180 days after AMI, or who have a contraindication/previous adverse reaction to beta-blocker therapy.
Patients with a 135-day course of treatment with ASA (aspirin) or other anti-platelet agent, who refused ASA/anti-platelet in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.
Patients with a 135-day course of treatment with ACEIs/ARBs, who refused ACEIs/ARBs in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.
Patients with a 135-day course of treatment with statins, who refused statins in the 180 days after AMI, or who have a contraindication/previous adverse reaction to statin therapy.
Patients with a 135-day course of treatment for all post-AMI medications (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, AND statin) following first discharge date or visit date, including previous active prescriptions; with refusal, and/or who have a contraindication/previous adverse reaction.

Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as POV 410.0*-410.9* or 412. AMI diagnosis may be made at an inpatient or outpatient visit but must occur between six months prior to beginning of Report period through first six months of the Report period. Inpatient visit defined as Service Category of H (Hospitalization). If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.

Denominator Exclusions: Patients meeting any of the following conditions will be excluded from the denominator.

1. If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
3. Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post."

To be included in the numerators, a patient must meet one of the 3 conditions below:
1. A total days supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date; OR
2. A refusal of the medication at least once at time of diagnosis through the 180 days after AMI; OR
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up the to the numerator total.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator who has prior active prescription:
- Admission Date: 2/1/2004, Discharge Date: 2/15/2004
- Must have 135 days prescribed by 8/13/2004 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2004
- # Days Prescribed: 60 (treats patient through 3/15/2004)
- Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31, 60 is >= 31, prescription is considered Prior Active Rx
- 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period
- # Remaining Days Prescribed from Prior Active Rx:
  (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-1/15/2004) = 60-31 = 29
- Rx #2: 4/1/2004, # Days Prescribed: 90
- Rx #3: 7/10/2004, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209

Numerator Logic: In the logic below, "ever" is defined as anytime

through the end of the Report Period.

Beta-Blocker Numerator Logic:

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

Contraindications to beta-blockers defined as any of the following occurring ever unless otherwise noted: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496; F) NMI (not medically indicated) refusal for any beta-blocker at least once during the period admission/visit date through the 180 days after discharge/visit date; or G) CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) beta block* entry in ART (Patient Allergies File); or C) beta block*, bblock* or b block* contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ASA (aspirin) Numerator Logic:

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during the period

admission/visit date through the 180 days after discharge/visit date.

Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with prescription for Warfarin/Coumadin using site-populated BGP CMS WARFARIN MEDS taxonomy during the period admission/visit date through the 180 days after discharge/visit date; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin at least once during the period admission/visit date through the 180 days after discharge/visit date; or D) CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ACEI/ARB Numerator Logic:

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

ACEI-Combination Products: Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented ACEI allergy defined as any of the

following occurring anytime up to the 180 days after discharge/visit date: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)

ARB Combination Products: Candesartan (Atacand HCT), Irbesartan (Avalide), Losartan (Hyzaar), Telmisartan (Micardis HCT), Valsartan (Diovan HCT).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

Contraindications to ARB defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22) or 2) NMI (not medically indicated) refusal for any ARB at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented ARB allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

Statins Numerator Logic:

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during admission/visit date through the 180 days after discharge/visit date.

Contraindications to Statins defined as any of the following: 1)

Pregnancy, defined as at least two visits during the period admission/visit date through the 180 days after discharge/visit date with POV or Problem diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857; 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the period admission/visit date through the 180 days after discharge/visit date; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the period admission/visit date through the 180 days after discharge/visit date; or 4) NMI (not medically indicated) refusal for any statin at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the period admission/visit date through the 180 days after discharge/visit date; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the period admission/visit date through the 180 days after discharge/visit date; 3) Myopathy/Myalgia, defined as any of the following during the period admission/visit date through the 180 days after discharge/visit date: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

All Medications Numerator Logic:

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin).

Test Definitions:

ALT: Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy.

AST: Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy.

Creatine Kinase: Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy.

Establish the rate of patients receiving persistent medication therapy

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after an AMI.

2010 Goal: TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 35+ w/ AMI DX	9		2			4		
# w/135-day beta-blocker Rx/refusal/Contra/ ADR	7	77.8	2	100.0	-22.2	3	75.0	+2.8
# w/135-day ASA Rx/refusal/Contra/ ADR	5	55.6	0	0.0	+55.6	3	75.0	-19.4
# w/135-day ACEI/ARB Rx/refusal/Contra/ ADR	5	55.6	1	50.0	+5.6	1	25.0	+30.6
# w/135-day statin Rx/refusal/Contra/ ADR	7	77.8	2	100.0	-22.2	2	50.0	+27.8
# w/Rx/refusal/ contra/ADR of ALL meds	4	44.4	0	0.0	+44.4	1	25.0	+19.4

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Appropriate Medication Therapy in High Risk Patients

Denominator(s):
Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.
A: Active IHD patients ages 22 and older who are not Active Diabetic.
B: Active IHD patients ages 22 and older who are Active Diabetic.

Numerator(s):
Patients with a 180-day course of treatment with or refusal of beta-blockers during the Report Period, or who have a contraindication/previous adverse reaction to beta-blocker therapy.
Patients with a 180-day course of treatment with or refusal of ASA (aspirin) or other anti-platelet agent during the Report Period, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.
Patients with a 180-day course of treatment with or refusal of ACEIs/ARBs during the Report Period, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.
Patients with a 180-day course of treatment with or refusal of statins during the Report Period, or who have a contraindication/previous adverse reaction to statin therapy.
Patients with a 180-day course of treatment for all medications (i.e. beta-blocker, aspirin/anti-platelet, ACEI/ARB, AND statin) during the Report Period, with refusal, and/or who have a contraindication/previous adverse reaction.

Age of the patient is calculated at the beginning of the Report period.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

To be included in the numerators, a patient must meet one of the 3 conditions below:

1. Prescription(s) for the indicated medication with a total days supply of 180 days or more during the Report Period; OR
2. A refusal of the medication during the Report Period; OR
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up the to the numerator total.

For prescriptions, the days supply requirement may be met with a single prescription or from a combination of prescriptions for the indicated medication that were filled during the Report Period and prescriptions filled prior to the Report Period but which are still active (i.e. prior active prescription). Prior active prescriptions can be included if the treatment days fall within the Report Period. Prior active prescription defined as most recent prescription for the indicated medication (see codes below) prior to Report Period Start Date with the number of days supply equal to or greater than the Report Period Start Date minus the prescription date.

NOTE: If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator with prior active prescription:

- Report Period: 07/01/2005 06/30/2006
- Must have 180 days supply of indicated medication 6/30/2006 (end of Report Period)
- Prior Beta-Blocker Rx Date: 06/01/2005
- # Days Prescribed: 60 (treats patient through 07/31/2005)
- Report Period Start Date minus Rx Date: 07/01/2005-06/01/2005 = 30; 60 (#Days Prescribed) is >= 30, prescription is considered Prior Active Rx
- 07/31/2005 is between the Report Period of 07/01/2005 and 06/30/2006, thus remainder of Prior Active Rx can be counted toward 180-days supply
- # Remaining Days Prescribed from Prior Active Rx:
  (# Days Prescribed-(Report Period Start Date-Prior Rx Date) = 60-(07/01/2005-06/01/2005) = 60-30 = 30
- Rx #2: 08/05/2005, # Days Prescribed: 90
- Rx #3: 11/10/2005, #Days Prescribed: 90
- Total Days Supply Prescribed between 07/01/2005 and 06/30/2006, including prior active prescription: 30+90+90=210

Numerator Logic: In the logic below, "ever" is defined as anytime

through the end of the Report Period.

Beta-Blocker Numerator Logic:

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the Report Period.

Contraindications to beta-blockers defined as any of the following occurring ever unless otherwise noted: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496; F) NMI (not medically indicated) refusal for any beta-blocker at least once during the Report Period; or G) CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) at least once during the Report Period.

Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E942.0; B) beta block* entry in ART (Patient Allergies File); or C) beta block*, bblock* or b block* contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ASA (aspirin)/Other Anti-Platelet Numerator Logic:

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during the Report Period.

Contraindications to ASA/other anti-platelet defined as any of the

following occurring ever unless otherwise noted: A) Patients with a 180-day course of treatment for Warfarin/Coumadin during the Report Period, using site-populated BGP CMS WARFARIN MEDS taxonomy; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin at least once during the Report Period; or D) CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) at least once during the Report Period.

Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring anytime ever: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ACEI/ARB Numerator Logic:

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

ACEI-Combination Products: Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least during the Report Period.

Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI at least once during the Report Period.

Adverse drug reaction/documented ACEI allergy defined as any of the following occurring anytime through the end of the Report Period: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan

(Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan).

ARB Combination Products: Candesartan (Atacand HCT), Irbesartan (Avalide), Losartan (Hyzaar), Telmisartan (Micardis HCT), Valsartan (Diovan HCT).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the Report Period.

Contraindications to ARB defined as any of the following: Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22) or 2) NMI (not medically indicated) refusal for any ARB at least once during the Report Period.

Adverse drug reaction/documented ARB allergy defined as any of the following occurring anytime through the end of the Report Period: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

Statins Numerator Logic:

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during the Report Period.

Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857; 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the Report Period; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during

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the Report Period; or 4) NMI (not medically indicated) refusal for any statin at least once during the Report Period.

Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the Report Period; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period; 3) Myopathy/Myalgia, defined as any of the following during the Report Period: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime through the end of the Report Period: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

All Medications Numerator Logic:

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin).

Test Definitions:

ALT: Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy.

AST: Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy.

Creatine Kinase: Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy.

Establish the proportion of patients with IHD who are prescribed appropriate medication therapy during the Report Period.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE

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Appropriate Medication Therapy in High Risk Patients (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active IHD pts 22+	53		44			36		
# w/180 day beta-blocker Rx/refusal/Contra/ ADR	37	69.8	27	61.4	+8.4	18	50.0	+19.8
# w/180 day ASA Rx/refusal/Contra/ ADR	33	62.3	26	59.1	+3.2	27	75.0	-12.7
# w/180 day ACEI/ARB Rx/refusal/Contra/ ADR	34	64.2	22	50.0	+14.2	20	55.6	+8.6
# w/180 day statin Rx/refusal/Contra/ ADR	33	62.3	23	52.3	+10.0	16	44.4	+17.8
# w/180 day Rx/refusal/ contra/ADR of ALL meds	20	37.7	12	27.3	+10.5	6	16.7	+21.1
A. Active IHD Pts 22+ who are NOT active diabetic	24		19			17		
# w/180 day beta-blocker Rx/refusal/Contra/ ADR	18	75.0	9	47.4	+27.6	11	64.7	+10.3
# w/180 day ASA Rx/refusal/Contra/ ADR	14	58.3	13	68.4	-10.1	11	64.7	-6.4
# w/180 day ACEI/ARB Rx/refusal/Contra/ ADR	12	50.0	7	36.8	+13.2	7	41.2	+8.8
# w/180 day statin Rx/refusal/Contra/ ADR	13	54.2	11	57.9	-3.7	7	41.2	+13.0
# w/180 day Rx/refusal/ contra/ADR of ALL meds	8	33.3	4	21.1	+12.3	3	17.6	+15.7

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Appropriate Medication Therapy in High Risk Patients (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. Active IHD patients ages 22 and older who are active diabetic	29		25			19		
# w/180 day beta-blocker Rx/refusal/Contra/ ADR	19	65.5	18	72.0	-6.5	7	36.8	+28.7
# w/180 day ASA Rx/refusal/Contra/ ADR	19	65.5	13	52.0	+13.5	16	84.2	-18.7
# w/180 day ACEI/ARB Rx/refusal/Contra/ ADR	22	75.9	15	60.0	+15.9	13	68.4	+7.4
# w/180 day statin Rx/refusal/Contra/ ADR	20	69.0	12	48.0	+21.0	9	47.4	+21.6
# w/180 day Rx/refusal/ contra/ADR of ALL meds	12	41.4	8	32.0	+9.4	3	15.8	+25.6

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Cholesterol Management for Patients with Cardiovascular Conditions

Denominator(s):
Active Clinical patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA), or ischemic vascular disease (IVD).

Numerator(s):
Patients with LDL completed during the Report Period, regardless of result.
A. Patients with LDL <=100, completed during the report period.
B. Patients with LDL 101-130, completed during the report period.
C. Patients with LDL >130, completed during the report period.

Age of the patient is calculated at the beginning of the Report period.

AMI defined as POV 410.*0 or 410.*1.

PTCA defined as 1) V Procedure 36.01, 36.02, 36.05, 36.09 or 2) CPT 33140, 92980-92982, 92984, 92995, 92996.

CABG defined as: 1) V Procedure 36.1*, 36.2 or 2) CPT 33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572. If diagnosis occurred at an inpatient visit, discharge date will be used instead of visit date.

IVD defined as any of the following: 1) Coronary Artery Disease: POV 414.0*, 429.2; 2) Stable Angina: POV 411.*, 413.*; 3) Lower Extremity Arterial Disease/Peripheral Artery Disease: POV 443.9, 440.20-440.24, 440.29; 4) Ischemia: 435.*; 5) Stroke: 433.*, 434.*, 437.0, 437.1, 438.0-438.42, 438.5*, 438.6-438.9; 6) Artheroembolism: POV 444.*, 445.*; 7) Abdominal Aortic Aneurysm: 441.*; 8) Renal Artery Atherosclerosis: 440.1.

For each of the numerators, finds the most recent LDL test from the Report period end date. LDL defined as: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

Increase the proportion of patients with cardiovascular conditions who have an LDL test.

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Cholesterol Management for Patients with Cardiovascular Conditions (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical pts 18-75 with dx of AMI, CABG, PTCA, or IVD	34		37			27		
# w/LDL done	24	70.6	23	62.2	+8.4	11	40.7	+29.8
A. # w/LDL <=100								
w/% of Total Screened	12	50.0	12	52.2	-2.2	5	45.5	+4.5
B. # w/LDL 101-130								
w/% of Total Screened	6	25.0	4	17.4	+7.6	2	18.2	+6.8
C. # w/LDL >130								
w/% of Total Screened	4	16.7	5	21.7	-5.1	4	36.4	-19.7

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Prenatal HIV Testing

Denominator(s):
GPRA Denominator: All pregnant female User Population patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever.

Numerator(s):
GPRA Numerator: Patients who received HIV test during the past 20 months, including refusals in past 20 months.
A: Number of documented refusals in past 20 months.

Pregnancy is defined as at least two visits with POV V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV. The time period is extended to include patients who were pregnant during the Report period but whose initial diagnosis (and HIV test) were documented prior to Report period. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857. Pregnant patients with any HIV diagnosis ever are excluded, defined as: POV or Problem List codes 042, 042.0-044.9 (old codes), V08, or 795.71. HIV counseling: V65.44; or patient education codes containing "HIV-" or "-HIV" or patient education codes containing HIV diagnosis 042.0-044.9, V08, 795.71. HIV test: CPTs 86689, 86701-86703, 87390, 87391, 87534-87539; LOINC taxonomy; site-populated taxonomy BGP HIV TEST TAX; or Refusal Lab Test HIV in the past 20 months.

In FY 2007, maintain the FY 2006 rate of 65% for pregnant female patients who are screened for HIV.

IHS Performance: FY 2006 - 65.0%, FY 2005 - 54.0%, IHS 2010 Goal: 95%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %

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Prenatal HIV Testing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant Female User Pop Pts w/no HIV (GPRA)	32		38			34		
# w/HIV test (GPRA)	19	59.4	7	18.4	+41.0	0	0.0	+59.4
A. # refusals w/ % of total tests	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Prediabetes/Metabolic Syndrome

Denominator(s):
Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

Numerator(s):
Patients with all screenings (BP, LDL, fasting glucose, nephropathy assessment, tobacco screening, BMI, lifestyle counseling, and depression screening).

Age is calculated at beginning of the Report Period.

Prediabetes/Metabolic Syndrome defined as:

1. Diagnosis of prediabetes/metabolic syndrome, defined as: Two visits during the Report Period with POV 277.7, OR

2. Any three or more of the following occurring during the Report Period except as otherwise noted:

A. BMI => 30 OR Waist Circumference >40 inches for men or >35 inches for women,
B. Triglyceride value >=150,
C. HDL value <40 for men or <50 for women,
D. Patient diagnosed with hypertension OR mean Blood Pressure value => 130/85 where systolic is =>130 OR diastolic is =>85,
E. Fasting Glucose value =>100 AND <126. NOTE: Waist circumference and fasting glucose values will be checked last.

Definition for patients without diabetes: No diabetes diagnosis ever (POV 250.00-250.93).

Tests/Other Definitions:
1. BMI: CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit;

2. Triglyceride: CPT 84478; LOINC taxonomy; or site-populated taxonomy DM

AUDIT TRIGLYCERIDE TAX;

3. HDL: CPT 83718; LOINC taxonomy; or site-populated taxonomy DM AUDIT HDL TAX;

4. Fasting Glucose: POV 790.21; LOINC taxonomy; or site-populated taxonomy DM AUDIT FASTING GLUCOSE TESTS;

5. LDL: Finds last test done during the Report period; defined as: CPT 83721; LOINC taxonomy; or site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX;

6. Blood Pressure: CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2).

7. Hypertension: Diagnosis of (POV or problem list) 401.* occurring prior to the Report period, and at least one hypertension POV during the Report period.

8. Nephropathy assessment definition:

A. Estimated GFR during the Report Period, defined as any of the following: Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy, AND

B. Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: CPT 82042, 82043, or 84156; LOINC taxonomy; or site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); OR

C. End Stage Renal Disease diagnosis/treatment defined as: ANY diagnosis ever of 585.5, 585.6 or V45.1 or ANY CPT in the range of 90918-90925.

9. Tobacco Screening: At least one of the following during the Report Period: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04 or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO" or "-SHS.

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10. Lifestyle Counseling: Any of the following during the Report Period:
A. Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC),
B. Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)),
C. Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise),
D. Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).

11. Depression Screening/Mood Disorder DX: Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Increase the proportion of patients with metabolic syndrome who receive all appropriate assessments.

BP Assessed: IHS 2010 Goal: 95%

Others: TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Active Clinical Pts =>18 w/PreDiabetes/ Met Syn	56		53			36		
# w/ All screenings	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Public Health Nursing

Denominator(s):
Number of visits to User Population patients by PHNs in any setting, including Home.
A. Number of visits to patients ages 0-28 days (Neonate) in any setting.
B. Number of visits to patients ages 29 days - 12 months (infants) in any setting.
C. Number of visits to patients ages 1-64 years in any setting.
D. Number of visits to patients ages 65 and older (Elders) in any setting.
E. Number of PHN driver/interpreter (provider code 91) visits.
Number of visits to User Population patients by PHNs in Home setting.
A. Number of Home visits to patients age 0-28 days (Neonate)
B. Number of Home visits to patients age 29 days to 12 months (Infants)
C. Number of Home visits to patients ages 1-64 years
D. Number of Home visits to patients aged 65 and over (Elders).
E. Number of PHN driver/interpreter (provider code 91) visits in a HOME setting.

Numerator(s):
No numerator: count of visits only.

PHN visit is defined as any visit with primary or secondary provider code 13 or 91. Home visit defined as: (1) clinic 11 and a primary or secondary provider code 13 or 91 or (2) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91.

Maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings.

IHS Performance - FY 2005 - 438,376, FY 2004 - 423,379, FY 2003 - 359,089

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Total # PHN Visits - Any Setting	18		16		+2	19		-1
A. Ages 0-28 days	0		0		+0	0		+0
B. Ages 29 days - 12 months	1		3		-2	0		+1
C. Ages 1-64 years	16		13		+3	19		-3

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Public Health Nursing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
D. Ages 65+	1		0		+1	0		+1
E. Driver/Interpreter visits - any setting	0		0		+0	0		+0
Total # PHN Visits - Home Setting	5		3		+2	0		+5
A. Ages 0-28 days	0		0		+0	0		+0
B. Ages 29 days- 12 months	1		1		+0	0		+1
C. Ages 1-64 years	3		2		+1	0		+3
D. Ages 65+	1		0		+1	0		+1
E. Driver/interpreter visits - Home Setting	0		0		+0	0		+0

Breastfeeding Rates

Denominator(s):
Active Clinical patients who are 45-394 days old.
Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of two months (45-89 days).
Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of six months (165-209 days).
Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of nine months (255-299 days).
Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of 1 year (350-394 days).

Numerator(s):
Patients who were screened for infant feeding choice at least once.
Patients who were screened for infant feeding choice at the age of two months (45-89 days).
Patients were screened for infant feeding choice at the age of six months (165-209 days).
Patients who were screened for infant feeding choice at the age of nine months (255-299 days).
Patients who were screened for infant feeding choice at the age of 1 year (350-394 days).
Patients who, at the age of two months (45-89 days), were either exclusively or mostly breastfed.
Patients who, at the age of six months (165-209 days), were either exclusively or mostly breastfed.
Patients who, at the age of nine months (255-299 days), were either exclusively or mostly breastfed.
Patients who, at the age of 1 year (350-394 days), were either exclusively or mostly breastfed.

Age of the patient is calculated at the beginning of the Report period. The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as 1/2 breastfed and 1/2 formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of 2 months (i.e. 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for 6 months, 270 days for 9 months, and 365 days for 1 year.

In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range. For example, if a patient was screened at 6 months and was exclusively breastfeeding

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but was not screened at 2 months, then the patient will only be counted in the 6 months numerator.

Establish the baseline rate of 2-month olds who are mostly or exclusively breastfeeding.

HP 2010: Through 3 months: 60%, Through 6 months: 25%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 45-394 days	45		27			31		
# w/infant feeding choice screening	10	22.2	0	0.0	+22.2	1	3.2	+19.0
# w/screening @ 2 mos	4	8.9	0	0.0	+8.9	1	3.2	+5.7
# w/screening @ 6 mos	3	6.7	0	0.0	+6.7	0	0.0	+6.7
# w/screening @ 9 mos	4	8.9	0	0.0	+8.9	0	0.0	+8.9
# w/screening @ 1 yr	3	6.7	0	0.0	+6.7	0	0.0	+6.7
AC Pts 45-394 days screened @ 2 mos	4		0			1		
# @ 2 mos exclusive/ mostly breastfed	4	100.0	0	0.0	+100.0	1	100.0	+0.0
AC Pts 45-394 days screened @ 6 mos	3		0			0		
# @ 6 mos exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7

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Breastfeeding Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 45-394 days screened at 9 mos	4		0			0		
# @ 9 mos exclusive/mostly breastfed	3	75.0	0	0.0	+75.0	0	0.0	+75.0
AC Pts 45-394 days screened @ 1 yr	3		0			0		
# @ 1 year exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7

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NATIONAL GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA07 Goal	Nat'l 2006	2010 Goal
DIABETES						
Diabetes Dx Ever*	9.6%	9.4%	8.4%	N/A	11.0%	N/A
Documented A1c*	68.9%	73.7%	59.8%	N/A	79.0%	50.0%
Poor Glycemic Cont >9.5	16.0%	4.2%	12.6%	15.0%	16.0%	N/A
Ideal Glycemic Control <7	30.2%	31.6%	25.3%	32.0%	31.0%	40.0%
Controlled BP <130/80	21.7%	21.1%	14.9%	Maintain	37.0%	50.0%
LDL Assessed	52.8%	48.4%	26.4%	Maintain	60.0%	70.0%
Nephropathy Assessed**	22.6%	3.2%	3.4%	Baseline	55.0%	70.0%
Retinopathy (All Sites)	44.3%	40.0%	50.6%	Maintain	49.0%	76.0%
DENTAL						
Dental Access General	9.7%	8.7%	8.9%	24.0%	23.0%	40.0%
Sealants	44	61	81	Maintain	246,645	N/A
Topical Fluoride-# Pts	35	26	15	Maintain	95,439	N/A
IMMUNIZATIONS						
Influenza 65+	41.0%	40.3%	23.1%	59.0%	58.0%	90.0%
Pneumovax Ever 65+	63.9%	66.1%	56.9%	76.0%	74.0%	90.0%
Active IMM 19-35 mos***	40.7%	0.0%	0.0%	78.0%	80.0%	80.0%
CANCER-RELATED						
Pap Smear Rates 21-64	47.1%	50.4%	46.5%	60.0%	59.0%	90.0%
Mammogram Rates 52-64	27.7%	36.2%	51.1%	Maintain	41.0%	70.0%
Colorectal Cancer 51-80	24.1%	23.1%	16.1%	Maintain	22.0%	33.0%
Tobacco Cessation	11.2%	19.5%	26.1%	Maintain	12.0%	72.0%
BEHAVIORAL HEALTH						
FAS Prevention 15-44	0.6%	0.3%	0.3%	Maintain	28.0%	25.0%
IPV/DV Screen 15-40	0.0%	0.0%	0.0%	Maintain	28.0%	40.0%
Depression Screen 18+	5.4%	5.6%	2.6%	Maintain	15.0%	68.0%

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NATIONAL GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA07 Goal	Nat'l 2006	2010 Goal
CVD-RELATED						
Children 2-5 w/BMI =>95%	11.4%	23.1%	12.5%	Maintain	24.0%	Reduce 10%
IHD: Comp CVD Assessment	37.7%	43.2%	38.9%	Baseline	N/A	15.0%
OTHER CLINICAL						
Prenatal HIV Testing	59.4%	18.4%	0.0%	Maintain	65.0%	95.0%

* Included in the congressional justification as contextual measures.

** Diabetes Nephropathy Assessment measure changed in 2007.

*** 2006 rate for Childhood 4:3:1:3:3 was reported from Immunization Program; not CRS. The CRS rate using the Immunization Package denominator was 78.0%.

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NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2006	2010 Goal
DIABETES					
BP Assessed	87.7%	82.1%	85.1%	TBD	N/A
Foot Exam	18.9%	18.9%	18.4%	N/A	91.0%
Depression Screening	12.3%	12.6%	5.7%	N/A	N/A
Comprehensive Care	6.6%	0.0%	0.0%	N/A	N/A
Influenza Vaccine	40.6%	46.3%	26.4%	N/A	N/A
Pneumovax Vaccine Ever	49.1%	53.7%	58.6%	N/A	N/A
DENTAL					
Top Fluoride-# Apps	39	26	15	TBD	N/A
IMMUNIZATIONS					
Active Clinical 19-35 mos	21.6%	10.3%	10.9%	TBD	80.0%
CANCER-RELATED					
Tobacco Assessment 5+	48.1%	42.2%	36.3%	TBD	N/A
Tobacco Use Prevalence	39.2%	36.5%	39.4%	N/A	12.4%
CVD-RELATED					
BMI Measured 2-74	80.9%	79.6%	72.8%	TBD	N/A
Assessed as Obese	41.6%	41.0%	37.4%	N/A	N/A
Cholesterol Screening 23+	36.8%	35.4%	35.4%	48.0%	80.0%
BP Assessed 20+	79.7%	79.9%	74.8%	N/A	95.0%
20+: With Normal BP	22.1%	24.1%	25.3%	N/A	N/A
20+: With Pre-HTN I BP	17.3%	20.3%	17.4%	N/A	N/A
20+: With Pre-HTN II BP	25.0%	21.2%	22.0%	N/A	N/A
20+: With Stage 1 HTN BP	28.9%	27.2%	27.2%	N/A	N/A
20+: With Stage 2 HTN BP	6.7%	7.1%	8.2%	N/A	N/A
BP Assessed in IHD Pts	94.3%	100.0%	100.0%	N/A	95.0%
IHD: With Normal BP	16.0%	11.4%	13.9%	N/A	N/A
IHD: With Pre-HTN I BP	6.0%	27.3%	19.4%	N/A	N/A
IHD: With Pre-HTN II BP	46.0%	22.7%	30.6%	N/A	N/A
IHD: With Stage 1 HTN BP	28.0%	29.5%	16.7%	N/A	N/A
IHD: With Stage 2 HTN BP	4.0%	9.1%	19.4%	N/A	N/A
IHD: Comp CVD Assessment					
IHD: BP Assessed	94.3%	100.0%	100.0%	N/A	95.0%
IHD: LDL Assessed	83.0%	86.4%	83.3%	N/A	85.0%
IHD: Tobacco Assessed	71.7%	84.1%	75.0%	N/A	50.0%
IHD: BMI Measured	96.2%	97.7%	97.2%	N/A	45.0%
IHD: Lifestyle Counsel	45.3%	50.0%	61.1%	N/A	75.0%
IHD: Depression Screen	7.5%	9.1%	5.6%	N/A	15.0%

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NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2006	2010 Goal
Med Therapy Post AMI					
Beta-Blocker Treatment	58.3%	0.0%	0.0%	N/A	N/A
ASA Treatment	66.7%	0.0%	0.0%	N/A	N/A
ACEI/ARB Treatment	58.3%	0.0%	0.0%	N/A	N/A
Statin Treatment	100.0%	0.0%	0.0%	N/A	N/A
With All Above Meds	50.0%	0.0%	0.0%	N/A	N/A
Persistence of Med Therapy Post AMI					
Beta-Blocker Treatment	77.8%	100.0%	75.0%	N/A	N/A
ASA Treatment	55.6%	0.0%	75.0%	N/A	N/A
ACEI/ARB Treatment	55.6%	50.0%	25.0%	N/A	N/A
Statin Treatment	77.8%	100.0%	50.0%	N/A	N/A
With All Above Meds	44.4%	0.0%	25.0%	N/A	N/A
Med Therapy in High Risk Patients					
Beta-Blocker Treatment	69.8%	61.4%	50.0%	N/A	N/A
ASA Treatment	62.3%	59.1%	75.0%	N/A	N/A
ACEI/ARB Treatment	64.2%	50.0%	55.6%	N/A	N/A
Statin Treatment	62.3%	52.3%	44.4%	N/A	N/A
With All Above Meds	37.7%	27.3%	16.7%	N/A	N/A
LDL in Cardiovascular Conditions 18-75	70.6%	62.2%	40.7%	N/A	N/A
CVD: With LDL <=100	50.0%	52.2%	45.5%	N/A	N/A
CVD: With LDL 101-130	25.0%	17.4%	18.2%	N/A	N/A
CVD: With LDL >130	16.7%	21.7%	36.4%	N/A	N/A
OTHER CLINICAL					
PreDM/Met Synd All Screen	0.0%	0.0%	0.0%	N/A	N/A
PHN Visits-Any Setting	18	16	19	TBD	N/A
Breastfeed Rates @ 2 mos	100.0%	0.0%	100.0%	N/A	60.0%